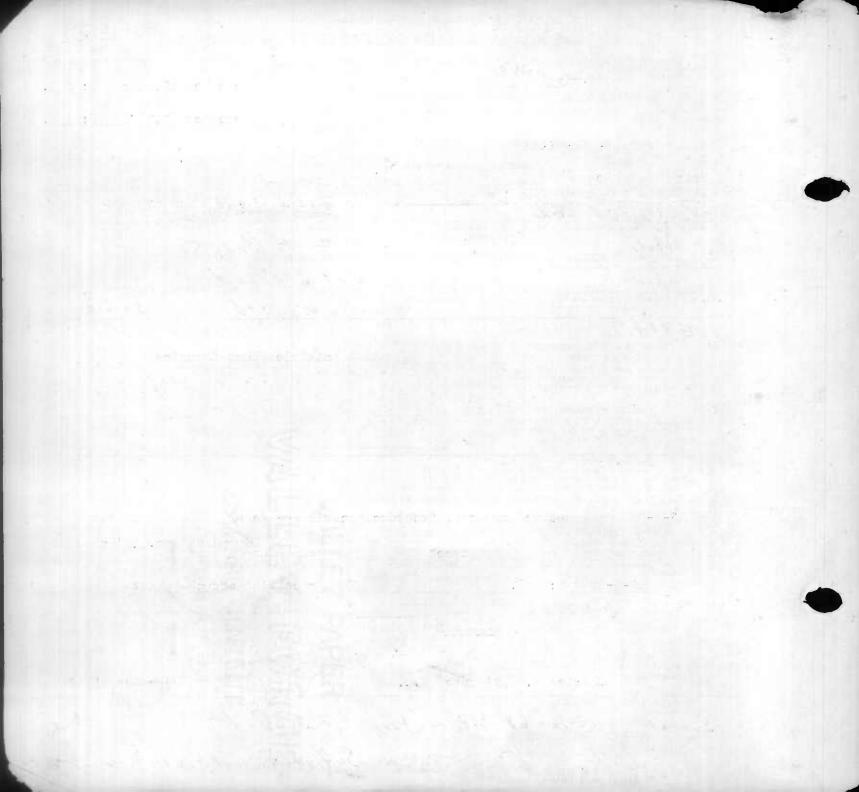
B-620

68-12501 BALTIMORE CITY HEALTH DEPARTMENT

~~	71400	realition .		
N	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

68-	12501
0	TOOOT

BIRTH NO.	7712		WWW TEREO V	CERTIFI	CAIL OI	DEATH	REG. NO		
1. NAME OF DEC	EASED	HENRY		2. DATE	Known X	Month	Doy	Year	Hour
(Type or Print)	WILLI	OF DEATH	Estimated	Decembe	r 12	1968	5:05 A. M.		
4. PLACE IN BAL	TIMORE, MARYLAND,			3. DATE		Month	Day	Year	Hour
FULL NAME OF	(IF NOT IN HOSPI	AL OR INSTITUTION		PRONOL	INCED DEAD				
OR INSTITUTION	ADDRESS OR LOC	ATION)		6 HCHAL D	ESIDENCE (Where	Decembe			5:05 А. м.
5 A F	theran Hospi	tal		A. STATE			COUNTY	: residence i	before damission)
6. SEX	7. RACE	1-	NEVER MARRIED		aryland	ID	INSIDE GUI	TV LIMITS?)
Male	Negro					0.	10		
9. DATE OF BIRTI		WIDOWED	DIVORCED Lander 1 Yr. If Under 24 Hrs.		altimore ND NUMBER		YE	s X	№ Ц
Feb. 10,	1906 lost birthe	Mont	hs Doys Hours Min.		632 N, C	AREY	St.	31	ed floor
11. BIRTHPLACE (S	tote or foreign country)		CITIZEN OF VHAT COUNTRY?	13. FATHER	M H	R	4		
14A.USUAL OCCU	PATION (Give kind of worl	1148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	3		
	orking life, even if retired			/	1, 11	/ /			
	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORM	11a VV	000	AF	DRESS	
(Yes, no or unknown)	(If yes, give war or dote:	of service)	SECURITY NO.	/ / /	ALL P	11	AL		0
-1:2				14/19	Wismi	th		Sam	
E814	t.71		CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY							
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE	ultiple b	lunt inj	uries		
heart foilure,	ot meon the mode of d , asthenia, etc. It meons th aplication which coused de	e disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	ITECEDENIT CAUSES								
111	NTECEDENT CAUSES OR CONDITIONS, IF AN	Y. GIVING	(B)	AS A CONSEC	QUENCE OF:				
RISE TO THE	ABOVE CAUSE (A) STA								
Z	TO COMPINON EAST.		(c)		********************				
E E 812.									
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	IFFICANT CONDITIONS (ATH BUT NOT RELATED TO	ON RIBUTING							
DISEASE OR	CONDITION GIVEN IN								
(1)			WHICH OPERATION W						PSY? (Yes or No)
12-3-	68 Rupt		hera, fractu					_	es
UNDERLYING UTING CA	NAL CAUSE WAS A OR CONTRIB- USE OF DEATH.	22 B. F home	PLACE OF INJURY(e.g., form, factory, street, office street		Franklin	town Roa	n Ave.	26	east of
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yes		ZE.INJURY OCCURRED		2F. HOW DID IN	JURY OCCUR?			
(12-9-68 9:	20 P. m. W	/HILE AT NOT	WHILE X	Pedestri	an struc	k by a	uto	
23.		. 🗆		744			117		
l cert	ify that I held on			topsy X	and that on the	his basis, dea	th in my	opinion	
result	red from: Naturol co	. ()	ccident X Suicio			Undetermined			
	31	8		(CHIEF MEDICAL E	EXAMINER			DATE SIGNED
ACTUAL SIGNATI	IRE (lens)) . C	July This	ASSI	STANT MEDICAL E	EXAMINER X			DATE STOTED
EXAMIN NAME (T	ER'S Charles	S. Spri	ngate, M.D.	ASSO	CIATE MEDICAL E	EXAMINER	Dece	mber	12, 1968
24A. BURIAL CRE	MATION, 248. DATE	24	C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county) (State)
REMOVAL (Special	12-16	-68/	Mt. Aubu	rn C	em B	Bulto			Md
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. F	UNERAL DIRECT	OR	1111-	DDRESS	
	1	9 4	OR T. A.M	a Sui	Wiren For	neral H	6 in +-	N.A.	line to A
V\$\191-REV 1/1/68	DEC 16 196	8 Oble	J C. 1	tons		4.4.4.			
	14.04								



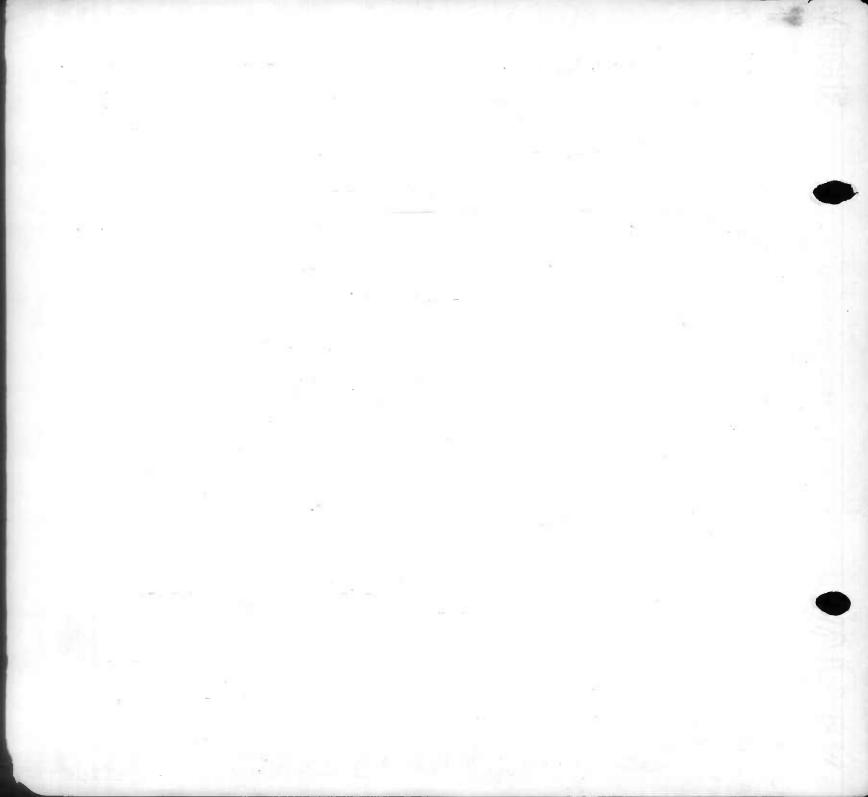
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the companient of an action of the property of the contribution is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	08-12502

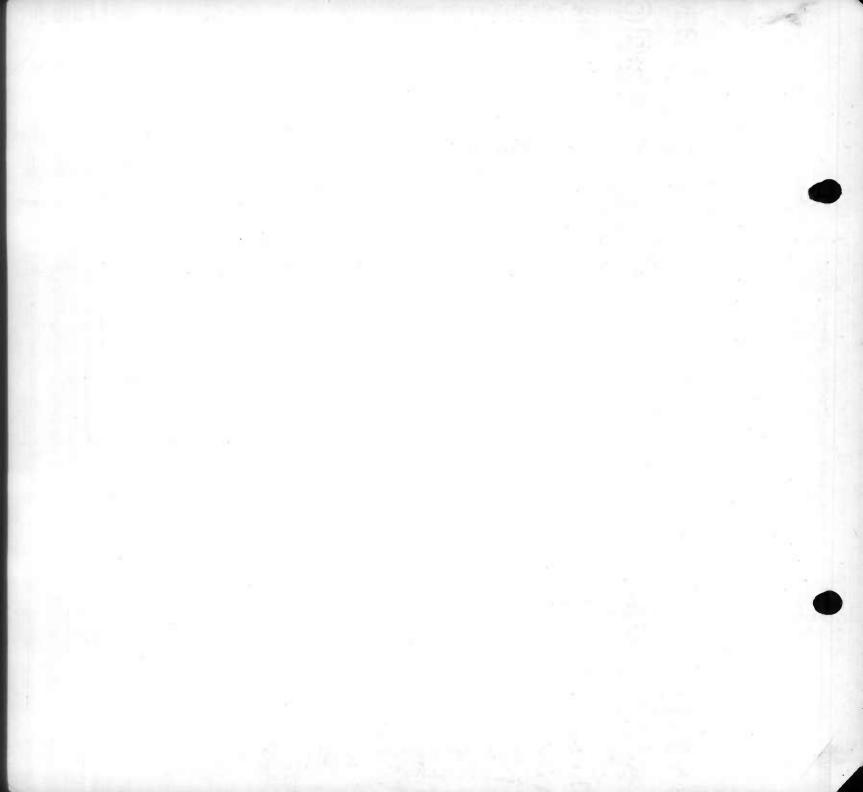
BIRTH NO.				TE OF DEATH	AND HOUR OF DEA	TH		
Type or Print)								
	Harris, Phill				12-68	5:25 p. N If institution: residence before odmission)		
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE B. CO	DUNTY	it institution: residence before damission/		
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryland		400		
HOSPITAL OR	ADDRESS OR LOCA			C. CITY OR TOWN	DI	NSIDE CITY LIMITS?		
20	Provident He	-		Baltimore		YES NO		
27	1514 Division		i	E. STREET AND NUMBE	R			
	Baltimore, Ma	aryland		419 Mosher	Street			
• SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.		
Male	Negro	WIDOWED		3-6-82	lost birthdoy)	Months Doys Hours Min.		
OA. USUAL OCC		£.		11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY		
	working life, even if retired)			77		II & A		
Reti		*		Virginia		U. S. A.		
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME			
11	wknow-	2_		(in	en m.			
. Wos Deceosed	Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
es, no or unknowr	(If yes, give wor or dote	s of service)	230=12-4108	Mrs. Bertha B	anks	419 Mosher Street		
1B. 4/0	4-6		CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
UNDERLYIN	e abave cause (A) G CONDITION last, / FICANT CONDITIONS COI TH BUT NOT RELATED TO TH	NTRIBUTING	(C)					
DISEASE OR	CONDITION GIVEN IN PAR	T (A).	HICH OPERATION	20 A. AUTOPSY? (Yes o	r No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
21A ACCIDE	NT WAS HINDSOLVING	218	DI A CE OF INITION (:	NO,				
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer	home	e, form, foctory, street, of	n or obout 21C. WHERE DII fice bldg., INJURY OCCUR	R?	more City, give exoct locotion)		
O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?			
OF INJURY			e At Not While					
		Wor		2-11-68	7	7_17_68		
	that (1) (this haspital		e deceased from		1910	3-12-68 19		
thot (I) (we) last saw the decease	d alive an	12-12-68	19and	d that in(my) (aur)	opinion death occurred an the do		
ond hour on	d from the couses stot	ed obove. (I)	(We) (did) (did not) v	iew the body ofter deo	oth.			
23A. SIGNATU	/ /*			-,		23 B, DATE SIGNED		
	1 -10	Tan Cin		nding Med.	Staff Phys.	12-13-68		
23 C. PHYSICIA	ANTS	vector	GEGREE Phy					
NAME (Туре	Va	Texton KI		ident Hospit Street - Ba	altimore, Marylana		
24A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRI		D. LOCATION	(City, town, or county) (Stote)		
REMOVAL	(Specify)	10	9 11		01	. 11		
Buria	12-16-	6 /C	ural le	m	tumspu	no la		
SA. DATE REC'D	PEC 16 1968	25B. NAME O	F REGISTRAR	25C. FUNERAL DIREC	TOR	1011-13 ADDRESS		

VS 150-REV. 1/1/6B



1.N (Tyr) 3. FUGHIN: 3. 5. 5. 10Add doing 13. 13.	68-12	503 CERTIFICATE	OF DEATH	REG. NO.	8-12503
	BIRTH NO. 1. NAME OF DECEASED RAYK (Type ar Print)	SCHMID SCHMID	MANNE DATE AN	D HOUR OF DEATH)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		deceased lived. If institution	n: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN STITUTION OUT OF THE PROPERTY OF THE PR		CITY OR TOWN	O IN IDE CIT	
	UNION MEMORIAL	HOSPITAL E.	STREET AND NUMBER	7214 YES	NO
ade.				9. AGE (In years If U Mont	nder 1 Yr. If Under 24 Hrs. hs; Days Hours; Min.
	MALE WHITE WILDOW		SIRTHPLACE (State or forei	57	CITIZEN OF WHAT COUNTRY?
tion	dane during mast of warking life, even if retired)	TUNG	Earrall Co	3-, ma.	USA
sodsi	13. FATHER'S'NAME	tmoran -	MOTHER'S MAIDEN NAM	ay Tre	te
final d	75. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give wor ar dates of servi	16. SOCIAL SECURITY NO. 386-	ms. Elm	aschmidtm	ADDRESS (Some)
0	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Ly occurdial es	afarction E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	LEADING TO DEATH (This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise		NSEQUENCE OF:	<i>V</i>	
mpc	injury or camplication which caused death.) ANTECEDENT CAUSES	Ven li cu	lar anew	upone -	
are	DISEASES OR CONDITIONS, if any, gir		ONSEQUENCE OF:		
	UNDERLYING CONDITION Iasi.	(c)			
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			Y.S.	
the	199. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in ar home, farm, foctory, street, affice etc.)	abaut 21C. WHERE DID bldg., INJURY OCCUR?	(If in Baltimare City,	give exact lacation)
btained	OF INJURY (APPROX.) ODITION (Manth) (Day) (Year) (Haut)	While At At Work At Work	21F. HOW DID INJ	URY OCCUR?	
obte	22. I certify that (I) (this hospital) attend		3	1968 to 12/13	19.68.
t be	that (1) (we) last sow the deceased alive and haur ond fram the causes stated obay			at in(my) (<u>o</u> yr) apinian c	leath accurred an the date
must	23A. SIGNATURE	Au P			DATE SIGNED
	23C. PHYSICIAN'S	Attendin Phys. 23D.	Med. Director	Shaff Phys.	2/13/68.
approval	RICHARD W. HALL,	1. D. DEGREE	THE UNION MI	EMORIAL HOSP	ΙΤΔΙ
dp		C. NAME of CEMETERY OF CREMA	TORY 24D.	OCATION (City, taw	n, ar caunty) (State)
_	Dung at	ella thomas	1000	can serine	9,9 ·Cs, mg.
written	Bund - Per 17 196 25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	y Louttover WE OF REGISTRAR	25C. EUNERAL DIRECTOR	OURTIS E. EVA	NS ADDRESS 4 00

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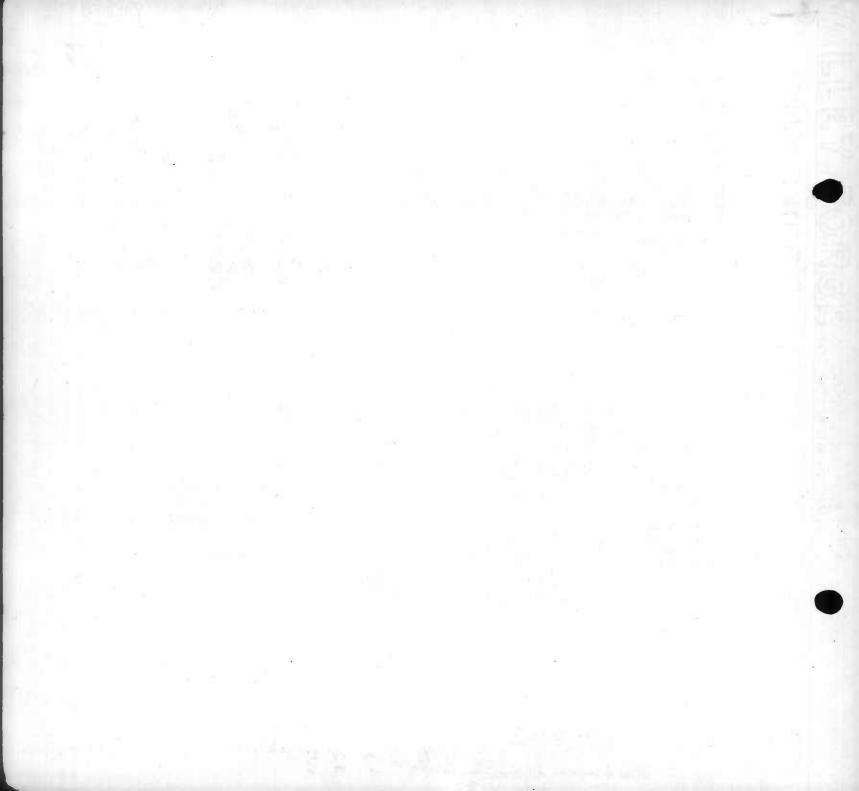


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

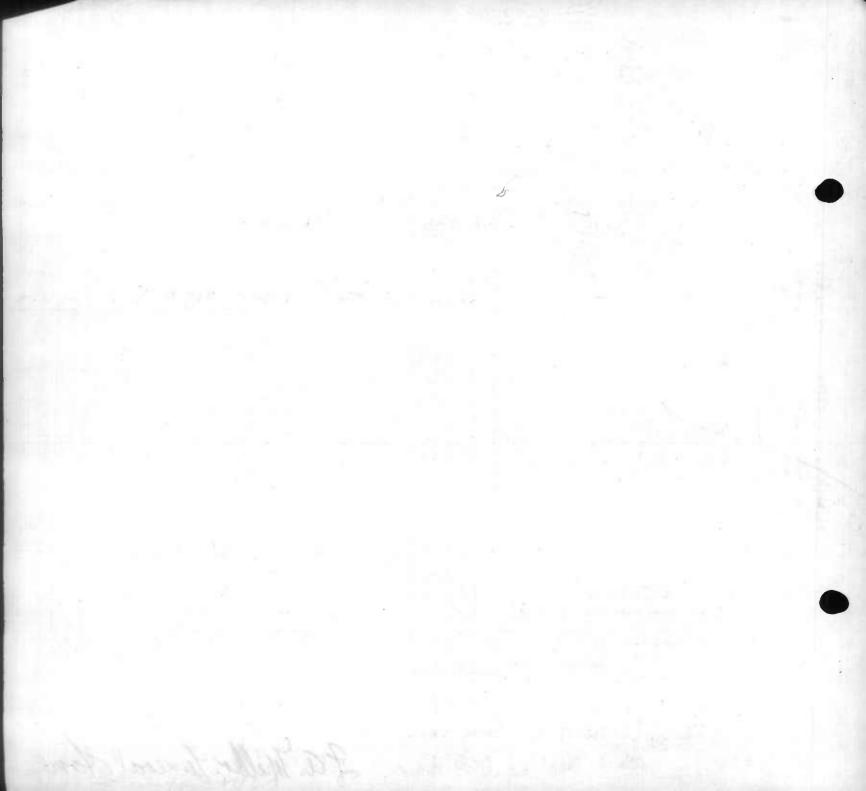
68-12500 BALTIMORE CITY HEALTH DEPARTMENT	REG. NO. 68-12506
BIRTH NO. 68-236/0 CERTIFICATE OF DEATH	REG. NO. 00-16005
NAME OF DECEASED 2. DATE AN	D HOUR OF DEATH
Bally Doy Harr Dece	mber 9, 1968 9:30 A
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (When	e deceased tived. If institution; residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET THAT WHEN IN	19107
OSPITAL OR ADDRESS OR LOCATION) C. CHY OR TOWN	D. INSIDE CITY LIMITS?
Dalling	₽ YES NO □
University of Maryland Hasp E. STREET AND NUMBER	0,100
1334/11	Dombred So
	9. AGE (In years If Under 1 Yr. If Under 24 Hr. Manths; Days Haurs; Min.
Male white WIDOWED DIVORCED December 9, 1968	ast birthday) Manths Days Haurs Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign)	
ne during mast of working life, even if retired)	land Haspital USA
FATHER'S NAME	AE .
MICHAEL HARR. Andrea	Llewier
Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	ADDRESS
es, na ar unknawn) (If yes, give war or dotes at service) SECURITY NO.	
1B CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
	rax 3
(This does not mean the mode of dying, e.g., DUFTO OR AS A CONSEQUENCE OF	142
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION Iost. (C)	
762.5 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL PROPERTY (DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yall or No.)	20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	THE CERTIFICATION CASSES OF BEATT.
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exoct location)
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJU	URY OCCUR?
OF INJURY (APPROX.) While At Not While	
Wark At Wark	
22. I certify that (1) (this hospital) attended the deceased from December 9 1	968 to December 9 1968
that (1) (ma) last saw the deceased alive on 90 AM December 9 19 60 and the	at in(my) (aur) opinion death accurred an the do
and haur and from the couses stated obave. (1) (We) (did not) view the body ofter death.	
23A. SIGN ATURE	23B, DATE SIGNED
Ch 4 - 12 11 ALD Attending Med.	Staff 🔀 💮 🗇 1 0 194
Ship - Wen Hung MD DEGREE Phys. 23C. PHYSICIAN'S 23C. PHYSICIAN'S	Staff Docember 9, 196
NAME (Type)	111.1.111.11
SHIH-WEN HUANG MD DEGREE University	of Mosyland Haspital
AA. BURIAL CREMATION, 9 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D LC	CATION (City, town, or county) (State)
REMOVAL (Specify)	12,12,-60
SA. DATE REC'D THEATTH DEN () 258. NAME OF REGISTRAL) 256 FUNERAL DIRECTOR	ADDRESS
THE	



V\$ 150-REV. 1/1/68

68-12	507 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	68-12507					
BIRTH NO.	507 CERTIFICA	TE OF DEATH		20001					
1. NAME OF DECEASED HARRY R.		2. DATE AND	HOUR OF DEATH	1:35 D N					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceased lived. If ins	titutian: residence before admission)					
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	STITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	D. INSID	DE CITY LIMITS?					
35 CHURCH HOME AN	D HOSPITAL	E. STREET AND NUMBER	WOOD AV	YES NO					
5. SEX 6. RACE 7. MARRI WIDOW	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. A	AGE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND			55 country)	12. CITIZEN OF WHAT COUNTRY					
	HIPYARD	VARGINIA		AMER.					
13. FATHER'S NAME BLUEFORD REE		14. MOTHER'S MAIDEN NAME CALDONIA M	ULLINS						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dotes of service)	16. SOCIAL SECURITY NO. 223-12-5354	Hu Pearl Reed	1-919 N	ADDRESS RIVER					
18.038.9	CAUSE OF DEATI		, (1)	1 APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT								
LEADING TO DEATH (A) IMMEDIATE CAUSE Septicemia									
(This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:									
injury ar camplication which caused death.)									
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES OR CONDITIONS, if any, giv	the DUE TO, OR AS	A CONSEQUENCE OF:							
UNDERLYING CONDITION lost.	(c) Theum	once and for sub	a aute 60 CH	rual endocondity vienu					
, 053.4 11									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				1.691					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)					
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY	OCCUR?						
22. I certify that (I) (this haspital) attended the deceased from 1964									
that (I) (we) last saw the deceased alive an									
and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.									
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,		23B. DATE SIGNED					
1/ Luba	DEGREE Phys	nding Med. Sta Director Phy	rs. D	12/4/68					
23C. PHYSICIAN'S NAME TYPE NAME TYPE SUT	5046 J2	3D. ADDRESS Claur	le Hors	m of Hal					
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA		(Stote)					
	ME OF REGISTRAR	25C FUNERAL DURECTOR	1.4	ADDRESS					
THE PARTICION IN	A OBS TIME)	1 00 11 11 111	h = 1 -1 1 11	1 4 . 1/ // - 11. //					

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H-453 H-453 49508 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO. 68	121642 MEI	DICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68-12508
	NAME OF DEC		ABy Geo	rge Hughes	2. DATE Known \(\) Month Doy OF DEATH Estimoted \(\) 12\(\) 10	68 Hour 12:05p M
FUL	PLACE IN BAI L NAME OF SPITAL INSTITUTION	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD UTION, GIVE STREET	PRONOUNCED DEAD December 10, 5. USUAL RESIDENCE (Where deceased lived, if institution:	Yeor Hour 1968 12:05p N
		nt Hospital	D.O.A.		A. STATE Maryland B. COUNTY	residence perore damission)
	sex lale	Colored	B. MARRIE WIDOWE		Balto. D. INSIDE CI	
9. [11/7/6	I look bilaked	In years H	Funder 1 Yr. If Under 24 Hrs. conths, Doys, Hours, Min.	E. STREET AND NUMBER 535 Pressman St.	
11.	Baltin Baltin	State or foreign country) more Md	U	WHAT COUNTRY?	Henry Milton Hughes	
14A don	USUAL OCCU	JPATION (Give kind of wor working life, even if retired NT	148. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME YVONNE Holland	
16. (Ye	WAS DECEAS s, no or unknown NO	SED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	Miss Yvonne Holland,	Same
NO	(This does r heart foilure injury or con A DISEASES RISE TO TH UNDERLY!!	CAUSE Interstitial pneumonia (S. AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	DII)			
ERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	AS PERSONALD	21. AUTOPSY? (Yes or No)			
0	2			OR WHICH OPERATION W		YES
EDICA	UNDERLYING	RNAL CAUSE WAS GOR CONTRIBA AUSE OF DEATH.	22 ho	PB. PLACE OF INJURY (e.g., ome, form, foctory, street, office	, in or obout 22C. WHERE DID (If in Boltimore City, give exorce bldg., etc.) INJURY OCCUR?	t locotion)
Σ	22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye			22F. HOW DID INJURY OCCUR? T WHILE WORK	
		TURE RONAL STATE OF THE PROPERTY OF THE PROPER	d N, Ko	Accident Suicident M.D. Suicident M.D. Ornblum, M.D. 24C. NAME of CEMETERY MT Auburn	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12	DATE SIGNED /10/68 , or county) (Stote)
25.	A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	I Carroll, Halstead	
VS	151-REV. 1/1/6	BEC IS MEN	1.21	E. S. Contract	b b 5 0 4 1206 W	North AVe



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Deceased of death

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cause

				BALTIMORE CITY	HEALTH DEPARTMENT		L W_ 0 10 0 0
		6	8 - 125	09 CERTIFICA	TE OF DEATH	REG. NO	68-12009
	TH NO.			Q=1(11110)			
	AME OF DEC	EASED			2. DATE AN	ID HOUR OF DEATH	Н
ту	oe or riini)	Camper,	Howard	Δ	12-9		10:35 a. m. M.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland		1100
IN	TOTALITION	ovident Hosp				D. IN	YES NO
-		14 Division			Baltimore E. STREET AND NUMBER		1ES NO I
	Ba	ltimore, Mar	yland		1800 Edmonds	on Avenue	
5. 5	Male	6. RACE Negro	7- MARRIED [WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCI	JPATION (Give kind of work working life, even if retired) Oyed			Pennsylvani 14. MOTHER'S MAIDEN NA	9.	12. CITIZEN OF WHAT COUNTRY?
				1		WE	
		Camphor			Cora		
1 \$. (Ye	Wos Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.		elvin Faull	
		7		?		vale ptreet	t - Baltimore
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAU				Les votes	Sailure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fThis does not meen the mode of dying, e.g., heart failure, astherio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)					a Consequence of:	ummi a	
					La lélia previonna		
ATION	TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL				, i

13. FATHER'S NAME Charlie 15. Was Deceased Ever in (Yes, no or unknown) (If yes, DISEASE OR C LEADIN fThis does not meo heart foilure, osthenic injury or complication ANTECE DISEASES OR COM the obov UNDERLYING CONF OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED CERTIFI IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21 D. TIME (Doy) (Yeor) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 12-6-68 22. I certify that (I) (this haspital) attended the deceased from 19 12-9-68 that (1) (we) last sow the deceased alive on... 19 ond that in (my) (our) opinion death occurred on the date ond hour and fram the couses stated above. (!) (We) (did) (did nat) view the body ofter deoth. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff Phys. 12-9-68 23C PHYSICIAN'S 23D. ADDRESS Provident Hospital 1514 Division Street - Baltimore, Maryland 24A. BURIAL CREMATION, 248, DATE 24D. LOCATION (City, town, or county) 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Cemetry Baltimore Burial 6/ Auburn 25C FUNERAL DIRECTOR REGISTRAR ADDRESS

VS 150-REV. 1/1/68



F-636

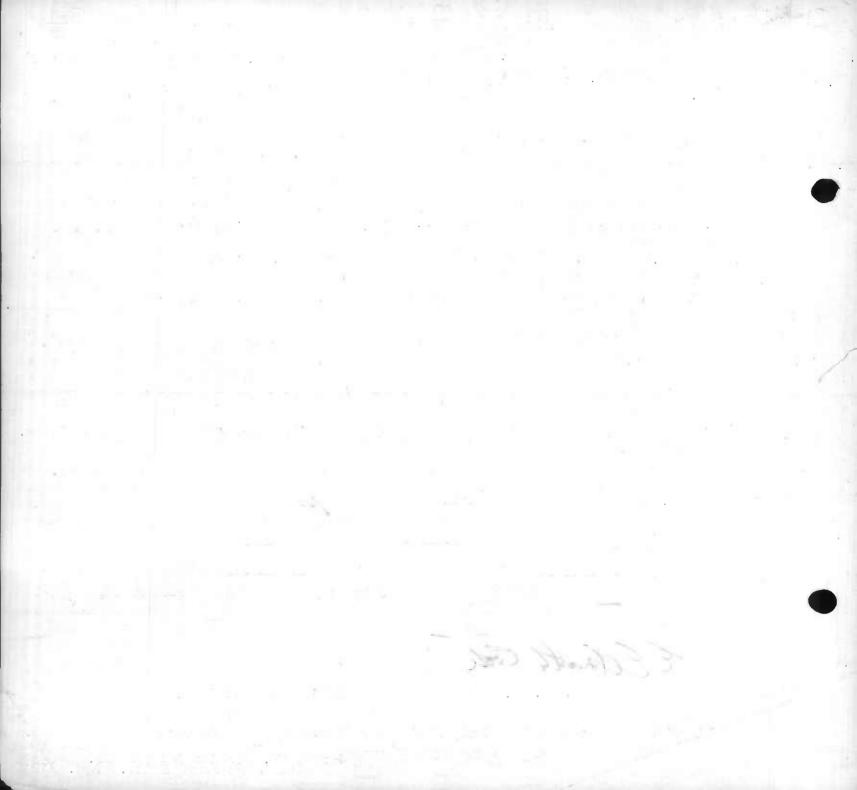
68-12510 BALTIMORE CITY HEALTH DEPARTMENT

68-12510	
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DID	III NIO		WED	ICAL	EXAMINE	K 2 (LEKTIFI	CATEO	- DEAT	H REG. NO.			
	IAME OF DEC	FASED					2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print) CHARLES FREDERICK,						OF	Estimoted		nber 14,		11001		
4. P	LACE IN BAL				NOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour	M.
FUL	NAME OF	(IF NO		L OR INSTI	UTION, GIVE STREET		PRONO	UNCED DEAD		mber 14,		4:05	A _M
	ORINSTITUTION OC 613 Dolphin Street (on sidewalk						5. USUAL F	RESIDENCE (Whe		ved. If institution B. COUNTY	n; residence	before odmis	sion)
			n Stre					Marylan	d	-71		1 -	
6. S		7. RACE			D NEVER MARE	RIED 🗌	C. CITY OF			D. HISIDE C	LIMITS?	1_1	
	Male	Neg		WIDOW				Baltimo	re	ON	ES 🗌	NO 🗆	
y. D	6/27/4	6	10. AGE (In		If Under 1 Yr, If Under Months 1 Doys 1 Hours		E. SIKEEI	AND NUMBER 5006 ≱i	mlico H	Road			
11. 1	South	tote or foreign		1	2. CITIZEN OF WHAT COUNTRY	17	13. FATHER	's NAME lie Fre	derick	cs, Sr			
14A.	USUAL OCCU	PATION (Give	e kind of work	14B. KIND	OF BUSINESS OR IN	NDUSTR		R'S MAIDEN NA		20, 01			
done	duff rent	alloyled	en ifretired)				Rhud						
	WAS DECEAS						18. INFOR	MANT			DDRESS		
(1es	19 O unknown)	(It yes, give v	vor or dotes	of service)	SECURITY	NO.	MRs	Rhudin	Lof	tin, S	ame		
	9. = 96	6 X			CAUSE	OF DEA	TH					PPROXIMATE IN	
	DISEAS	E OR COND	ITION DIRE	CTLY	Mu	ıltip	le sta	bwounds o	f head	and tru			
		LEADING TO			(A)IMM	EDIATE (CAUSE						
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)												
								\$					
	DISEASES O	NTECEDENT OR CONDITIE	ONS. IF ANY	, GIVING	(B)	TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE													
S.					(C)								
CERTIFICATION	TO THE DE	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMIN									
RT					OR WHICH OPERAT	TION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes o	r No)
0	2											Yes	
1.7.5		NAL CAUSE		2	2B. PLACE OF INJU	IRY (e.g.,	in or obout	22C. WHERE DID	(If in Boltimo	re City, give exc	oct locotion)	17-0	2
	UNDERLYING UTING CA				house	reei, oiii	e blog., etc.)	609 Dolp	hin St	reet - 1	st fla	r. from	ıt
	22D. TIME OF INJURY	(Month) (D	oy) (Yeo) (Hour)			100	22F. HOW DID II	NJURY OCC	UR?			
	(APPROX.)	12-14-	68 3:3	0 A. r	n. WHILE AT	NO1	WHILE X	Stabbed	by unki	nown ass	ailant		
	23. I cert	ify that I h	eld an I	nguiry _	Inspection [Au	itopsy X	ond that on	this bosis,	deoth In my	apinion		
Н	result	ted from: N	atural cau	ses 🗆	Accident	Suici		omicide X	Undetermi	ned manner			
		1	0	1	, 1).	0		CHIEF MEDICAL	EXAMINER			DATE CICA	IED
	ACTUAL SIGNATI	1	lear	5)	9	M.E	ASS	ISTANT MEDICAL	EXAMINER			DATE SIGN	4ED
	EXAMIN NAME (1		harles	S. SI	oringate, N	.D.	ASS	OCIATE MEDICAL	. EXAMINER	Dec	ember	14, 19	968
	BURIAL CREA		4B. DATE		24C. NAME of CE.	METERY	or CREMAT	ORY 24D	LOCATION	(City, tow	n, or county) (Stot	re)
	Buria		12/18,	/68	MT Aul	ourn	Cem	etrv	Balti	more	Md		
25A	DATE REC'D	BY HEALTH	DEPT.	25B, NA	ME OF REGISTRAR		25C.	FUNERAL DIREC	TOR	-	ADDRESS		
	D	EC 16	1968	10	42 Ja 0	400	2 2	Oarroll	6 Hal	stead	Funer	al Ho	me
VS 1	51-REV. 1/1/68	NO	70.7			7				_ /	orth	Ave	V

.F. .comp.fact.is column

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

BALTIMORE CI	ITY HEALTH	DEPARTMENT
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68-12512 CERTIFICATE OF DEATH

REG. NO. 68-12512

BIRTH NO.	OIL CERTIFICA		NEG. NO.		
Type or Print)		2. DATE A	AND HOUR OF DEATH		
CLARENCE DENNI		TA TISHAL PESIDENCE (W	2/8/68 2	• 07PM institution: residence before od	Mission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	A. STATE B. COL	INTY	mandion, residence belote ou	1111331011
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND,	10	-04	
NSTITUTION	HOCDITAL	C. CITY OR TOWN		SIDE CITY LIMITS?	
JOHNS HOPKINS		BALTIMORE		YES NO	
33 601 N. BROADWA BALTIMORE, MARY		E. STREET AND NUMBER 924 N.	EDEN STREE	T	
SEX 6. RACE 7. MAR		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under	
MALE NEGRO WIDO	WED DIVORCED	11/1/99	lost birthday)	Months Doys Hours	Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT CO	DUNTRY
NONE		Md.		US As	
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1-0/	
WILLIAM DENNIS		ELLA HI	CKS		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
es, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	El Dul Bran	TT : 11 10 A	THECKEN S	+
140	114-07-3630	THUIS DANNE	11/4/7/1	APPROXIMATE IN	TERVAL
18.3 23 9 1	CAUSE OF DEAT	n /		BETWEEN ONSET AN	
DISEASE OR CONDITION DIRECTLY		0 1	6.1	011	,
LEADING TO DEATH	(A) IMMEDIATE CA	use Irenal	Tailure	96 h	V 5
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUFTO OR AS	A CONSEQUENCE OF:	,		
injury ar camplication which caused death.)		. , ,	1 1	/	
ANTECEDENT CAUSES	Sub	parachnoid	hemowha	198 400	45
DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:			
rise to the abave couse (A) stoling	4 /	1.	- senicho	710	14
UNDERLYING CONDITION last.	(c)	iatic aecon	pensatio	1000	
5 2 3 X II			1		-
OTHER SIGNIFICANT CONDITIONS CONTRIBUT					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	NAL	••••			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERIFFING C.	AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID	(If in Baltimo	ore City, give exoct location)	
2		015 110111 515			
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
(APPROX.)	While At Wark Work Not While At Wark				
22. I certify that (1) (this hospital) atten	<u></u>	11-22	1968 to	13-8- 100	6
	15 0	10		17	
that (I) (we) lost sow the deceased alive	on /2 - 0	19 6 d and	that in (my) (oot) or	oinion death occurred on	the da
and haur and from the causes stated abo	ve. (I) (We) (did) (did not)	view the body ofter deoth	1.		
23A. SIGNATURE				23 B. DATE SIGNED,	3.11
Godinand Pre	RI L AH	ending Med.	Staff D	17/2/14	
23 C. PHYSICIAN'S	DLOCK MDOEGREE Phy	23D. ADDRESS	Phys.	10/0/00	
NAME (Type)		23D. ADDRESS	1 11	11 11	
Edward Roy	1 Block MD	Johns H	opkins	Hospital	
4A. BURIAL CREMATION, 24B. DATE	4C NAME of CEMETERY OF CE	EMATORY 24D.	LOCATION (City, lows, or county),	(Stote)
REMOVAL (Specily)	115 1:0	. 0 11 17	2/7-112	or not	
DUMIAL 12 77 68	/11-17UD	LKN DI	7/1/Y)U	ADDRESS /	1-
SA. DATE REC'D BY HEALTH DEPT. 258. NA	OF REGISTRAR	3 DISTOPHI	LAICHTI	139 N RONA	NA
BINET LE TUER (1)	1) For W Atra Law Mills	N WEITH	VV/ U/// /!	JII WOUTHY	807/

Renal fasture 96 hos Suborachnord hemorrhans 4 days thepatic decomposing 7 days

3100 W

Redward Ray Sweet was

(i) V

12-8 11-23 65-12

Johns Hopkins Hospital

				BALTIMORE CITY I					68-	12513	9
	711.110	M	EDICA	L EXAMINER'S	CERTIF	ICATE OF	DEATI	H REG. NO.	00	TCOT	3
_	NAME OF DECE	ASED			2. DATE	Knawn 🔯	Manth	Day	Year	Haur	
	pe ar Print)	GEORGE	SUCHOVI	ic '	OF DEATH	Estimated		mber 11,		Haur	M.
		· ·		RONOUNCED DEAD	3. DATE	UNCED DEAD	Manth	Day	Year	Haur	
HC	LL NAME OF SPITAL	(IF NOT IN HO	SPITAL OR IN: .OCATION)	STITUTION, GIVE STREET	PRONC	ONCED DEAD	December 11, 1968 12:			12:25	P.M.
	South Bal	ltimore Ge	neral H	Hospital (DOA)	A. STATE	RESIDENCE (Where		ed. If institution B, COUNTY	: residence l	pefare admiss	sian)
6.	SEX	7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY O	RTOWN	-	D. INSIDE CI	TY LIMITS?		
	Male	White		WED DIVORCED	TII .	Elizabeth		YE	is \Box	NO 🗆	
9.	DATE OF BIRTH		E (In years	If Under 1 Yr. If Under 24 H	s. E. STREET	AND NUMBER		1.	.3	140	
	ug. 31,1	917	rthd ay) 51	Manths, Days, Haurs, Mi		142 Stiles	Stree	t	V-	27	
		ate ar fareign caunt	ry)	12. CITIZEN OF	13. FATHE					100	
	ayonne N			WHAT COUNTRY?		ge Suchovi					
		ATION (Give kind of orking life, even if ret		D OF BUSINESS OR INDUS			WE				
	Truck Dr:			n Phillips Co.		Nolon		oittau			
16. (Ye	s, na ar unknawn)	D EVER IN U.S. AF (If yes, give war ar d	RMED FORCE lates of servic	e) SECURITY NO.	IB. INFOR		-1		DRESS	Eliza	
_	NO	73		152-01-7866		Mildred Su	cnovic	45 Day		PROXIMATE IN	
	730	2171		CAUSE OF D	EAIH					EEN ONSET AN	
		OR CONDITION									
		EADING TO DEAT		(A)IMMEDIAT	TE CAUSE Intracranial hemorrhage						
	heart failure,	t mean the made asthenia, etc. It mea plication which cause	ns the disease,		R AS A CONSE	QUENCE OF:					
	ANI	TECEDENT CAUSE	c	F	untured	saccular	aneurv	sm.			
		R CONDITIONS, IF		DUE TO, C	R AS A CONS	uptured saccular aneurysm R AS A CONSEQUENCE OF:					
		ABOVE CAUSE (A)									
20	ONDEREN	· ·		(c)							
CERTIFICATION	OTHER SIGNATION TO THE DEA	FICANT CONDITION TH BUT NOT RELATE CONDITION GIVEN	D TO THE TER	MINAL							
ERT	20A. DATE OF	OPERATION 20B.	CONDITION	FOR WHICH OPERATION	WAS PERFOR	AS PERFORMED			21. AUTO	PSY? (Yes a	r Na)
Ō									Ye	S	
DICAL		AL CAUSE WAS	UNIA	22B. PLACE OF INJURY (e. hame, farm, factory, street, a	g., in ar abaut ffice bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Baltiman	e City, give exa	ct lacation)		
MEDIC	22D. TIME (JSE OF DEATH. Manth) (Day)	(Year) (Ha	22E.INJURY OCCURRE	D	22F. HOW DID IN	JURY OCCU	IR?			
	OF INITIDY	(007)	1.00.) (110	,	-						

(APPROX.) NOT WHILE AT WORK Autapsy X I certify that I held an Inquiry Inspection ___ and that an this basis, death in my apinian Accident Hamicide ___ Undetermined manner resulted fram: Natural causes X CHIEF MEDICAL EXAMINER DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE December 12, 1968 Charles S. Springate, M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE Burial

NAME (Type)

Dec. 14, 68 St. Gertrude Com.

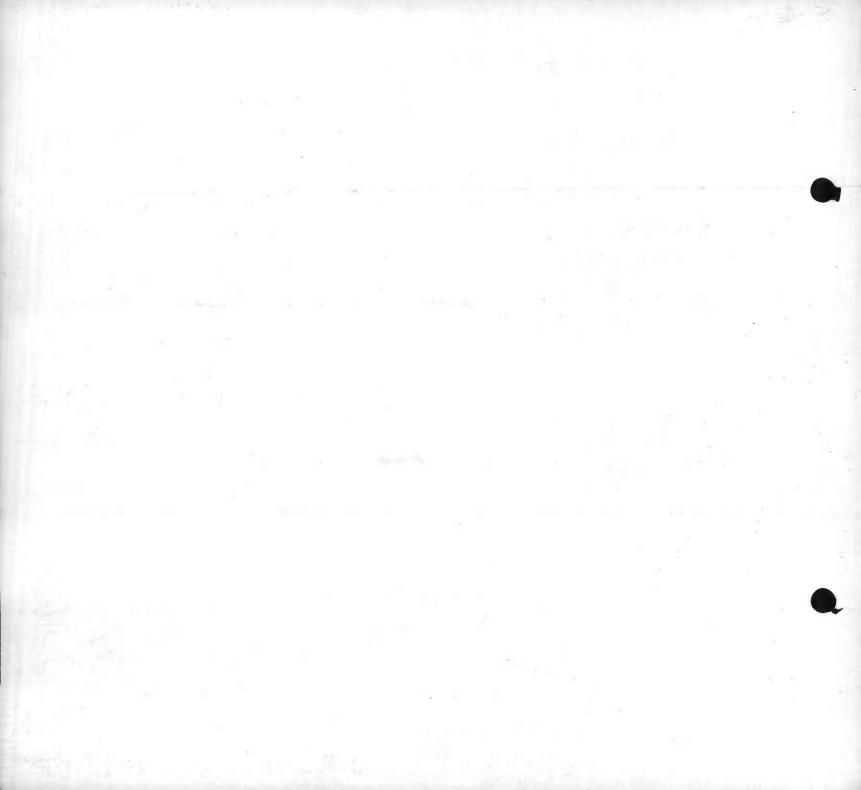
24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, tawn, ar caunty) (State) Woodbridge N. Middlesex Co. N.J.

2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

ADDRESS oring Byers 8728 Liberty Rd. 21133

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FUNERAL DIRECTOR: IMPORTANT

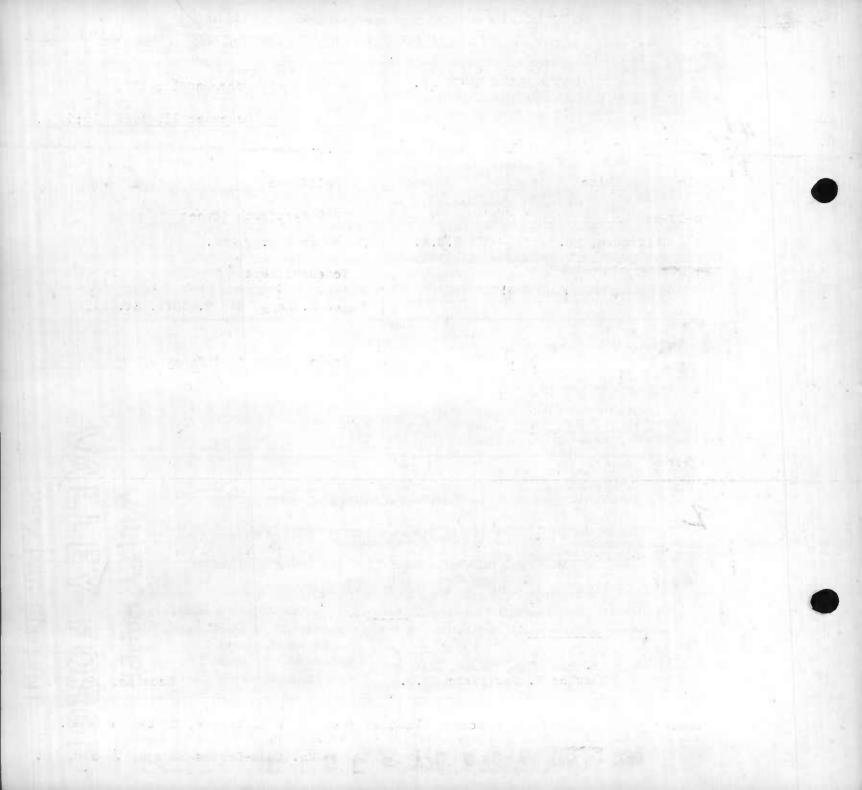
1	BALTIMORE CIT	Y HEALTH DEPARTMENT 68-12516					
D	RTH NO. 68-12516 CERTIFICA	ATE OF DEATH REG. NO.					
	RTH NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	ype or Print dream Moniodis	December 10, Mby 6:05P M					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
4	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Manyland Baltimore City 53-0					
IN	University Woseital	Baltimore YES NO					
	Bultimore, Md,	E. STREET AND NUMBER					
_		B. DATE OF BIRTH 9, AGE (In years It Under 1 Yr. If Under 24 Hrs.					
	SEX 6. RASE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY						
	Housewife the	Turkey USA					
,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Stamati Demedia	Many					
5.	. Was Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
	No	John Moniodis St. Baltimore No					
	18. 7 / 9 CAUSE OF DEA	TH APPROXIMATE IN FERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Although a little and a little					
	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CA	AUSE MERCH 1 COM A					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF					
	ANTECEDENT CAUSES TSIER	dim neath when					
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR A	S A CONSEQUENCE OF.					
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	nhosis					
	3-81,0 11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
		TOO A CONTRACT OF THE PARTY OF					
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CER	1 121 A. ACCIDENT WAS UNDERLYING! 1 121 B. PLACE OF INTURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)					
AL	(DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?					
DIC		21F. HOW DID INJURY OCCUR?					
MED	OF INJURY While At Work At Work	ile 🗍					
	22. I certify that (I) (this haspital) attended the deceased fram	Dec 5 1968 to Dec 10, 1968					
	that (i) (we) lost saw the deceased olive an Dec	and that in(my) (our) opinion death occurred on the dot					
	ond haur and from the couses stated above. (1) (We) (did) (did not)						
	23A. SIGNATURE	23B, DATE SIGNED					
		tending Med. Shaff Mys. Director Phys. 12/10/88					
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS					
24	DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) IState)					
	REMOVAL (Specify)	CL BUT AND					
25	SA. DATE REC'D BY HEALTH, DEPT. 1 258. MAME OF ALGISTRANO 1)	200. FUNERAL DIRECTOR ADDRESS					
	MEC TO 1809. OF PARTY E. DOMENTA	4 Acholas F. Matthews Rithman Me					
VS	5 1SO-REV. 1/1/6B	- ' SUCH Edstern AVE, Dal Dimore, "IB					

H-2100

68-12517 BALTIMORE CITY HEALTH DEPARTMENT

68-12517

BIRTH NO. 68-16234 MEDICAL	EXAMINER'S	LERTIFICATE OF DEATH REG. NO.	00 1,301
1. NAME OF DECEASED (Type or Print) ROGER ALLI	EN HAGY, JR.	2. DATE Known Manth Day OF DEATH Estimoted December 11.	Yeor Haur 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE Manth Dov	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL ADDRESS OR LOCATION)		PRONOUNCED DEAD December 11,	1968 10:50 A.M.
Union Memorial Hospita	al (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY Maryland	: residence befare admission)
6. SEX 7. RACE 8. MAPP	IED NEVER MARRIED	C. CITY OR TOWN D. MSIDE CIT	TY LIMITS?
Male White WIDOW		Baltimore 7 VE	S K HO
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	119 []
8 - 23 - 68	Months, Days, Haurs, Min.	849 East 30th Street	,
0-23-00	12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Md.	WHAT GOUNTRY?	Roger A Hagy, Sr.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND done during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME TeresaPilkerton	element :
16. WAS DECEASED EVER IN U.S. ARMED FORCES	? 17. SOCIAL	18. INFORMANT AD	DDRESS
(Yes, no or unknown) (If yes, give wor ar dates of service)		Roger A. Hagy, 849 E. 30th.	St. 21218
19. 7 9 5 XI	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A)IMMEDIATE C	AUSE Sudden death in infancy	
(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It meons the disease,		AS A CONSEQUENCE OF:	
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	(c)		
0 205. 22 11	(1/2000000000000000000000000000000000000		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION	INAL		
20A. DATE OF OPERATION 20B. CONDITION		AS PERFORMED	21. AUTOPSY? (Yes ar No)
87			Yes
¥ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., hame, form, factory, street, affice	in or obout 22C. WHERE DID (If in Boltimore City, give exore bldg., etc.) INJURY OCCUR?	ct location)
	VI. T. W. O. W. W. C. A. C. W. C. C.	LOOF HOWEN AND WALLEY OFFICE	
OF INJURY (APPROX.) (Approx.) (Year) (Haut	WHILE AT NOT	WHILE 22F. HOW DID INJURY OCCUR?	
23.			
I certify that I held on Inquiry	Inspection Au	topsy 🗓 and that an this basis, death in my	opinion
resulted from: Notural causes 🔀	Accident Suicid	le 🗌 Homicide 🔲 Undetermined monner 🛭	
Ma (1) 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE LACE	Sombo	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	oringate, M.D.	ASSOCIATE MEDICAL EXAMINER Dec	ember 12, 1968
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	, or caunty) (State)
Burial 12-13-68	Moreland Memor	ial Park Baltimore, Balt	timore , Md.
	AME OF REGISTRAR		DDRESS
DEC 16 1968 (P.O.	SAR FRADA		on, Towson, Md.



VS 1S0-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

			68-1	251	8 CERTIFICA	TF C	DE DEATH	REG.	NO	68-1	2518
	TH NO.	EASED			OZKTII TO			AND HOUR OF	DEATH		
(Type or Print) Mary E. Sixx (Mazie)										1:45 P	
3.	PLACE IN BAL		RYLAND, WHERE			4. USL	AL RESIDENCE (W	here deceased liv	ved. If insti	tution: reside	nce before odmissian)
FILE	LL NAME OF	/IE NOT	IN HOSPITAL O	ITITZIAI O	JTION, GIVE STREET			01411	1	7-1) /
HC	SPITAL OR		S OR LOCATION		STICH, GIVE STREET	C. CITY	aryland ortown		D. INSIDE	CITY LIMITS	;?
1	20					Bal	to.		٧	ES X	NO 🗌
-	70						EET AND NUMBER	1			
B	olton H		sing & Co	nvale	scent Center	28	22 Hunting	on Aveni	10		
5. 5	EX	6. RACE	7. M	ARRIED	NEVER MARRIED		195 BIRT 896	9. AGE (In ye lost birthdoy)	ors	If Under 1 Y Nonths Doy	r. If Under 24 Hrs. s Hours Min.
	emale	White		DOWED		REE	k5=31895	71	XX.		
		Working life, eve		KIND OF	BUSINESS OR INDUSTRY	11. BIR1	HPLACE (State or fe	oreign country)		12. CITIZEN	OF WHAT COUNTRY
	House	ewife				Ма	rvland			USA	
13.	FATHER'S NA	ME tor A	Wallic	le			THER'S MAIDEN N	IAME			
	10		TRANSPORT	11				Ţ	Jnknow	n	
1S.	Was Deceased	Ever in U. S	Armed Forces?	losivos	1 6. SOCIAL	17. INF	DRMANT				DRESS
	No	ii yes, give	WOI OF GOICS OF	36171067	215 05 9913	Wal	den B.Si	xx-1823	Bria	rclif	f Rd.
_	18. // =	101		_	CAUSE OF DEAT					AP	PROXIMATE INTERVAL
	DISEA	SE OR CONE	DITION DIRECT	_Y	100					BETW	EEN ONSET AND DEATH
		LEADING TO			(A) IMMEDIATE CAL	ISE C	erebro-vas	scular ac	cident	4 6	lays
			made of dying. II means the		DUE TO, OR AS	A CONSI	QUENCE OF:				
		injury or complication which caused death.)									
	ANTECEDENT CAUSES hyper					tension				?	
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS					A CONSEQUENCE OF:				
	rise to the above cause (A) sloting the UNDERLYING CONDITION last. (C) arter					Losc	erosis			sev	reral yrs.
	32	/ X II									
O		FIGANT COND	ITIONS CONTRIB							34	
ATIO	DISEASE OR C	CONDITION GI	ELATED TO THE TELEVEN IN PART 1 (4								
ERTIFIC	19A. DATE OF	FOPERATION	WAS PERFORM		WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					NSIDERED IH?
CERT	21A. ACCIDE	NT WAS UND	DERLYING T	21R	PLACE OF INJURY (e.g., i	n or obo	no	Of in	Raltimare (City, give exc	act legation)
AL	OR CONTRIB	UTING CAL	JSE OF	hom etc.	e, form, foctory, street, of	fice bldg	"INJURY OCCUR?	-(11	Dalliniare (sily, give exc	ici iocalion,
U	21D. TIME		100								
MEDI	OF INJURY	(Month) (D	lay) (Year) (Ha		INJURY OCCURRED		21 F. HOW DID I	NJURY OCCUR?			
	(APPROX.)			Wo							
		market .				11-9-		19 <u>68</u> to_	12-13		1968
	that (H) (we) last sow th	e deceosed al	ve on	12-12-	1	968ond	that in (my) (our) opinie	on death o	ccurred on the dot
	ond haur on	d from the c	auses stated o	bave. (I) (We) (did) (did not) v	iew the	bady ofter deat	h.			
							DATE SIGNED				
		1	1		OEGREE Phys	nding [Med. Director	Staff Phys.		12-13-	-68
	23C. PHYSICIA NAME (AN'S	20110 "	1		23 D. AD	DRESS				000
	F	ELLSWOR	KLIWY	14	Cour	2113	l Marylan	d Ave. B	alto.	Md 27	218
24A	BURIAL CRE	MATION, 248 (Specify)	B. DATE	24C.N/	AME of CEMETERY of CRI	MATOR	Y 24D.	LOCATION		town, or co	unty) (Stote)
	Buria	al]	12/17/68	Di	cuid Ridge (Ceme	terv B	altimor	e. Md		
25A		BY HEALTH	* *		F REGISTRAR		FUNERAL DIRECT		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDRESS
		DEC 18	1968 10	0 %	Q Fr. Quina	Au	stin H.D	ohovan-	3818	Rolan	nd Ave.

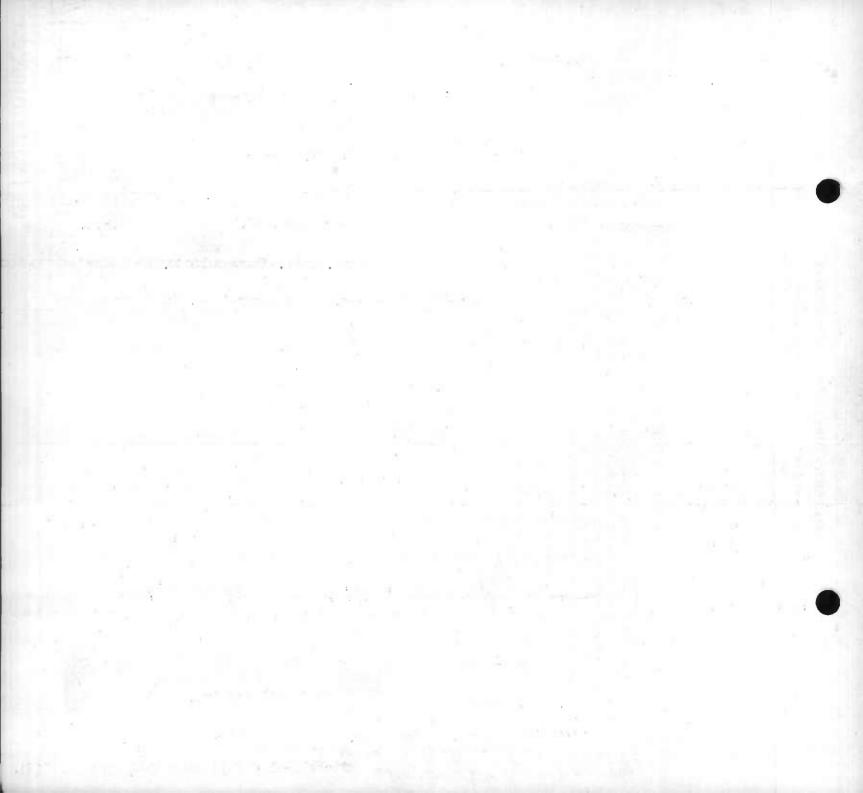




IMPORTAN

DIRECTOR:





he th	
to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the	
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buti buti lar	ade.
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as r at at	STON
A.A.	app
cerrosod	ten
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such	written approval must be obtained before the remains are embalmed or final disposition is made.
F + v > 0	>

		00 10.	BALTIMORE CITY	HEALTH DEPARTMENT		00 10-00
BIR	TH NO.	68-125	22 CERTIFICA	TE OF DEATH	REG. NO	68-12522
	De or Print) Howard J	Geog	hegen	2. DATE A	ND HOUR OF DEATH	155 A M.
7. TU	PLACE IN BALTIMORE, MARYLAN ET NAME OF ADDRESS OR ADDRESS OR	SHITAL AR WITH	UNCED DEAD	MARYLAND	EASTON Pall	stitution: residence before odmission)
	Baltimore Ci		als 1-15-69	C. CITY OR TOWN	D. INS	YES NO
	3/ 4940 Eastern Balto. Md. 2	Ave.		E. STREET AND NUMBER	14601	
5. 9					1601	
3. 3	MALE WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-6-06	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of eduring most of working life, even if reti	(heri			,	12. CITIZEN OF WHAT COUNTRY?
	PETIRED	CONSU	LTHYO ENGIN	MARYLAND 14. MOTHER'S MAIDEN NA MARTHA		U.S.A.
13.	FATHER'S NAME	710		14. MOTHER'S MAIDEN NA	ME	Months Johnson
					CHNEIDE	Martha Johnson
15. (Yes	Was Deceased Ever in U. S. Arme s,no or unknown) (If yes, give war ar	d Forces? dates of service)	SECURITY NO.	17. INFORMANT BATTIMO	ORE CITY HOS	ADDRESS SPTTATS
	No		779-10-6281 R	ECORDS: 4940 EA	STERN AVENUE	#21224
	18. 200. / 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION			1 um aboson	dra d	101
	(This does not meen the mode	e of dying, e.g.,	DUE TO, OR AS	SE Lympho Sou	CCT COL	191.
	heart failure, asthenio, etc. It m injury or complication which ca					
	ANTECEDENT CAL	USES	(a)			
	DISEASES OR CONDITIONS,			A CONSEQUENCE OF:		
	rise to the obove cause UNDERLYING CONDITION lost		(c)		******	***************************************
NO	200,/ II	CONTRIBUTING		1		
ATIC	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	TO THE TERMINAL				
ERTIFIC/	19A. DATE OF OPERATION 19B.		WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERT	21 A. ACCIDENT WAS UNDERLYII	NG 218	PLACE OF INTURY (e.g. in	or obout 21 C. WHERE DID	/If in Boltimor	YES e City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	han etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	in in polition	e City, give exoct location;
0	21 D. TIME (Month) (Doy) ()	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
٤	(APPROX.)	Wh	nile At Not While			
	22. f certify that((1) (this has	pital) attended t	he deceosed fram/	2 - 9	19 68 to 1	2-12 1968,
	that (1) (we) lost sow the dec	eased alive on.	12-12	1968 and t	hat in (my) (aur) opi	nian death occurred on the date
	and hour and from the causes					
	23A. SIGNATURE		^			23B, DATE SIGNED
	Welliam (.	Trouser	MA DEGREE Phys	nding Med. Director	Staff Phys.	12-12-68
	23C. PHYSICIAN'S NAME (Type)	DV. VCC.	DEGREE	BALTIMOR		TALS
	WILLIAM	A EMERSON	M.D. DEGREE	4940 EAS	TERN AVENUE	#21224
244	BURIAL SEMATION, 248. DAT	1968 4 L	AME OF CEMETERY OF CRE			With Or county) (State)
25	. DATE REC'D BY HEALTH DEPT.	258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR O	ADDRESS
	DEC 18 10	6k (D) 0	A TAR MA	Ellis Ce	onth E	aslon my
VS	150-REV. 1/1/68	A A COM	J. C., White			

Letter from Clark Funeral Home, Easton, Md. 1-15-69 M.H.

Caroman of overity 25 Dec 11 006 67 000 Thames town " " MANUEL LEUIS MA GOOD PREMIENT AND BLANCE BALL MANUEL STATE OF THE STATE OF THE PARTY OF THE STATE OF THE STATE

VS 150-REV. 1/1/6B

If Under 24 Hrs.

Hours

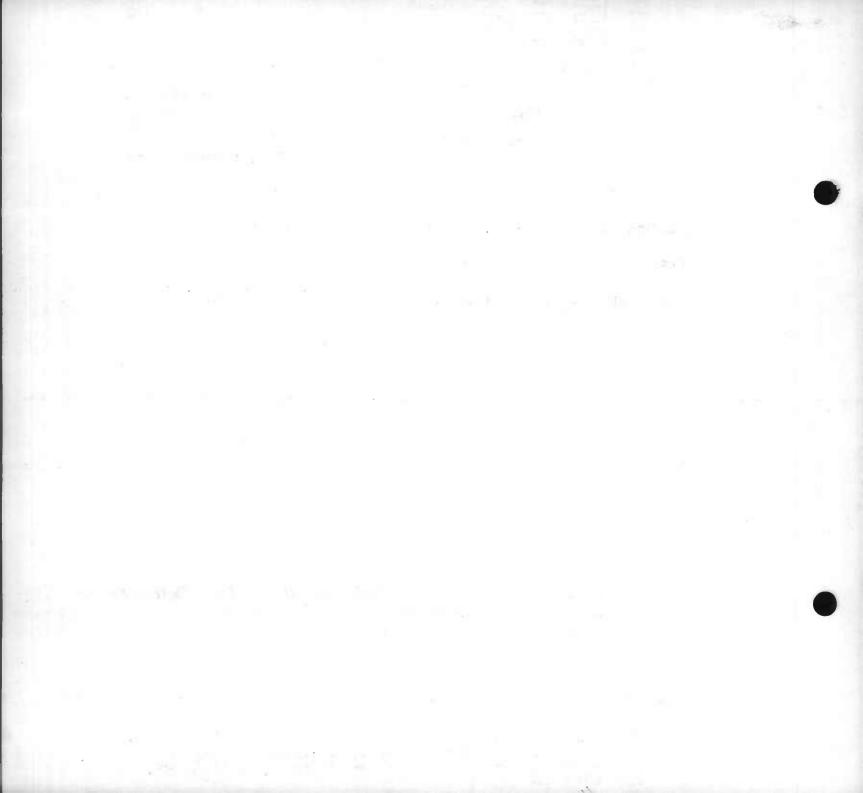
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

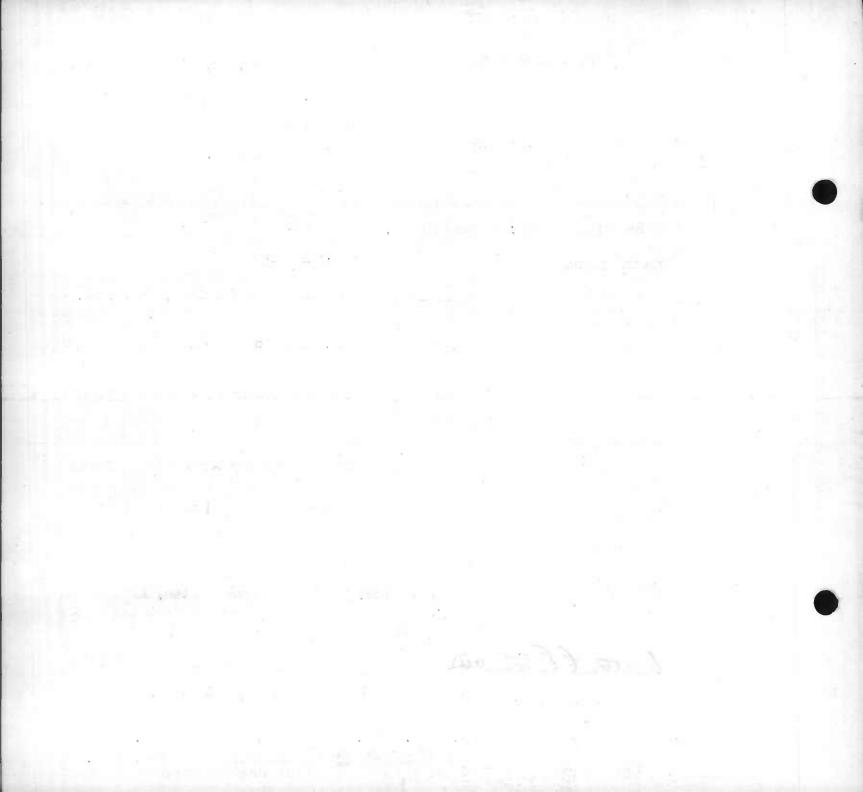
ADDRESS

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95 From St. It got work and it is 08 85 8 01 Ralph Fusico Juliphine Lamento One - Copeline Hall Elec-All while Conference Direction at the whole 18 30 SE N Staring of come 140 Scalls Bat Grown Hop 2 House & polartz



68-12	2526 CERTIFICA	TE OF DEATH	REG/NO	68-12526
NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH	
Frank Joseph		De De	c. 11, 1968	2:30 A
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE B. COUN	228 10 1	
US Public Health Service 3100 Wyman Park Drive	Hospital	E. STREET AND NUMBER 929 Bardswe	ll Rd.	
M W WIDG	RRIED NEVER MARRIED DIVORCED DIVORCED	2/11/07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 F Months Doys Hours Min.
	Casualty Co.	11. BIRTHPLACE (State or fore Texas Md.	gn country)	USA
3. FATHER'S NAME Ma riano ************************************		ry Stella Argo		
5. Was Deceased Ever in U. S. Armed Farces? Yes, no of unknown) (If yes, give wor or dotes of se USN 1923-1947	16. SOCIAL SECURITY NO. 215-28-7941	Records- US PH	S Hospital,	Balto, Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAL	Pulmonary con	ngestion	APPROXIMATE INTERVA BETWEEN ONSET AND DE
heart failure, asthenia, etc. It means the di injury ar camplication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) staling UNDERLYING CONDITION last.	(B)	Chronic perion A CONSEQUENCE OF:	carditis	Unknown
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	AINAL	Nutritional (Years
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, form, factary, street, o	20 A. AUTOPSY? (Yes or No YES n or about 21 C. WHERE DID ffice bldgs, INJURY OCCUR?	yes	uses OF DEATH?
DEATH (notify medical examiner) 21D.TIME (Manth) (Doy) (Year) (Haut OF INJURY (APPROX.)	elc.) 21 E. INJURY OCCURRED While A1 Nork A1 Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this haspital) atter that (1) (we) last saw the deceased aliv and haur and from the causes stated abo	e an Dec. 11	19 <u>68</u> and th	1968 to Dec of in(my) (our) ap	. 11 19 68 inian death accurred on the c
23A. SIGNATURE Latter F. Oster, Sur 23C. PHYSICIAN'S NAME (Type) Walter F. Oster, Sur	DEGREE Phy	23D. ADDRESS	Shaff Phys. E	238. DATE SIGNED 12/11/68
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, tawn, or county) (State
	Bal to. Nat. Co	25c FUNERAL DIRECTOR Schimunek . E	ltimore,	Md.



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6

Marriage Record between Andrew J. Watroba and Anna Marie Ziemski dated 9-11-1954 from Baltimore, Md. License No. 27343 2-5-69 M.H.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? YES -NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Soltimore City, give exact location) ond that in (mg) (our) opinion death occurred on the date (City, town, or county) (Stote VS 150-REV. 1/1/68



VS 150-REV. 1/1008

NO

(ISA

ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

5 YEARS

- 13-61

If Under 24 Hrs.



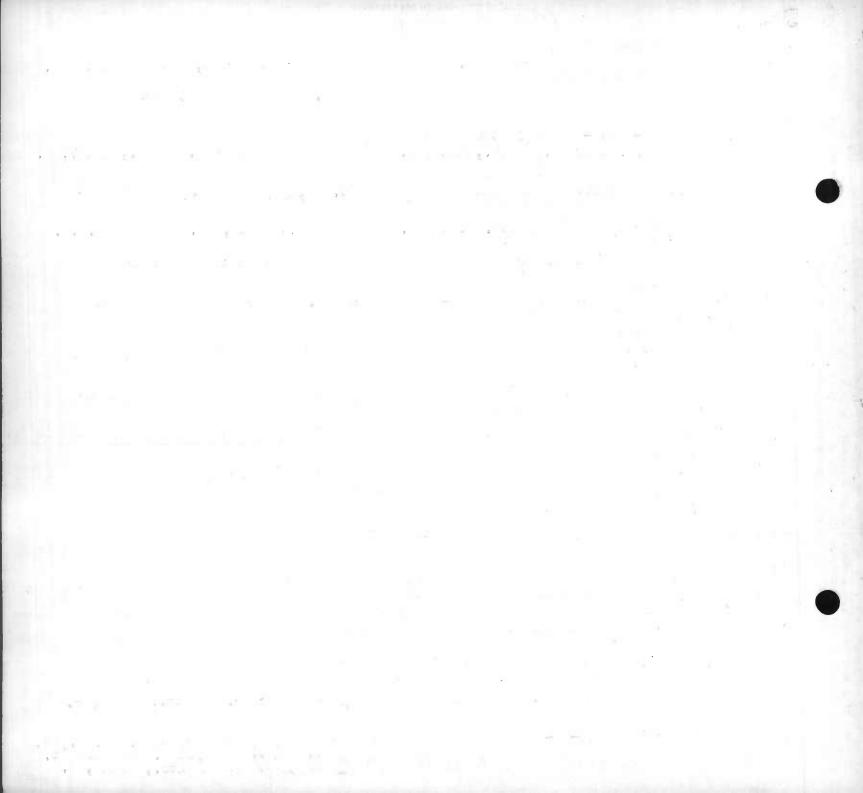
68-12530 BALTIMORE CITY HEALTH DEPARTMENT

						MINER'S			OF DE	ATH.	G.NO.	8-1	12530	
BII	RTH NO.										1			
	NAME OF DEC		FENDL	Α¥			2. DATE OF DEATH	Known [Estimoted	□ Dece		12,196	Yeor 8	9:15 A	1 • M
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	WHERE PRO	ONOUNC	ED DEAD	3. DATE		Mon	th	Doy	Yeor	Hour	191.
FU	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPIT	AL OR INSTI				UNCED DEA	Dece		12,196			A . _{M.}
		I HOSP	ITAL (DOA)				esidence (laryland			OUNTY alta	esidence b	petore odmissi	on)
	SEX	7. RACE		8. MARRI	ED NE	VER MARRIED	C. CITY OF	TOWN		D. II	VSIDE CITY	LIMITS?		
	Male	Whi		WIDOW	ED 🗌	DIVORCED					YES	¥ _	NO 🗌	
9.	Nov. 22		10. AGE (I	n yeors		Yr. If Under 24 Hrs oys Hours Min		lade A						
11.	BIRTHPLACE (S		n country)	1	2. CITIZE	N OF	13. FATHER	'S NAME				_		
	Marylan	d			WHAT	COUNTRY?	Joh	n O. Fe	ndlay					
14A	USUAL OCCU	PATION (Give	e kind of work	14B. KIND	OF BUSIN	NESS OR INDUST	15. MOTHE	R'S MAIDEN	NAME					
I	unch Ro	om Busi	ness	Self	Emp1			zabeth	Pilker	•	4.00			
	WAS DECEAS s, no or unknown					SOCIAL SECURITY NO.	18. INFOR				ADD	563 A	camemy	Rd
	NO					3-01-1289	Mr.	John E	Lswor	th Fer	nd Lay	Cator	sville	Md.
	19. 11. 12	and I				CAUSE OF DE	ATH					AP	PROXIMATE INT	ERVAL
		E OR COND	DEATH			Arterios (A)IMMEDIATE	CAUSE		Lovascu	ular D	isease			
	heort foilure injury or cor	of meon the costners of meon the costners of t	ch coused de	e diseose, oth.)		(B)	AS A CONSE				**************************************			
Z	UNDERIVI	NG CONDIT	ION LAST.		13.4	(c)								
CERTIFICATION	OTHER SIGN TO THE DE. DISEASE OF	/ NIFICANT CO ATH BUT NO R CONDITION	RELATED TO	THE TERMI	ING NAL				*******					
CERT	20A. DATE O	FOPERATIO	V 20B. CO	NDITION F	OR WHIC	CH OPERATION V	AS PERFORM	MED			2	no	PSY? (Yes or	No)
MEDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-			E OF INJURY(e.g., foctory, street, off				oltimore City	, give exoct l	ocotion)		
Σ	22D. TIME OF INJURY (APPROX.)	(Month) (i	Doy) (Yeo) 22E.IN. WHILE WORK		T WHILE	22F. HOW DI	D INJURY	OCCUR?	S. F		1	
	23.				7									
		tify that I h		Inquiry _			utapsy 📙		on this bo			inion		
	resul	ted from: 1	loturol cou	ses X	Accide	ent Suici		omicide		termined n	nanner 🔲			
	ACTUAL		west	UK	wel	/h	- ASS	CHIEF MEDI					DATE SIGN	ED
	EXAMIN NAME (ER'S RO	nald N	. Korr	nblum,			CIATE MEDI	CAL EXAMI	NER	Decem	ber	13,1968	}
	A. BURIAL CRE	MATION,	24B. DATE		24C. NA	ME of CEMETER	or CREMATO	DRY	24D: LOCA	TION (City, town, o	r county) (Stote	:)
	Buri	-	Dec.	16. 68	Gle	n Haven M	emorial	Park	Glen	Berni	e Mary	land.	BAITS	
25	A. DATE REC'D		DEPT. 1968		AME OF R	REGISTRAR	25C.	FUNERAL DI	RECTOR		ADD	RESS		. R
	-	-		AFOCICE	400	Agencies,	Lor	ingBy	rs Fun	ieral	napel	8/28	Liber	Ly

VS 151-REV. 1/1/68

AND A CONTROL OF THE PROPERTY OF THE PROPERTY

V\$ 150-REV. 1/1/6B



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BIRTH NO.		JO ICO	CERTIFICA	TE OF DE		KEG. N		1.40	26	
1. NAME OF DE	CEASED	TO CER THE	Y/TORE TO		1	AND HOUR OF I	4 40	9	.20 1	
		0 0 10	KEMP	TI		mber 11,			30 A. N	
3. PLACE IN BA	LTIMORE, MARYLAND,			A. STATE Md.	B. COU	INTY	ed. It institution	Zesidenc	e before odmission)	
HOSPITAL OR	602 S. Ro		UTION, GIVE STREET	C. CITY OR TOWN Baltimore				ISIDE CITY LIMITS? YES NO \(\bigcap \)		
00	Baltimore	, 21224	, Md.	E. STREET AND		binson S		_		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In yeo tast birthday)	ors If U	nder 1 Yr.	If Under 24 Hrs.	
Male	White	WIDOWED		Mar. 25, 1		80				
	CUPATION (Give kind of w f working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fo	reign country)	12. 0	CITIZEN O	F WHAT COUNTRY	
Reti	_		rd Dist.Co.	Bal	timor	e , Md.		U.S	·A.	
13. FATHER'S NA	ME			14. MOTHER'S A	MAIDEN N	AME				
	John	Kemp			Marga	ret ?				
	d Ever in U. S. Armed I		1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDI	RESS	
No		-		Carolyn .	A.Bra	dy: 602	S. Rob	inson	st.#24	
18.	2,4		CAUSE OF DEAT	H	- 3				OXIMATE INTERVAL	
DISEA	ASE OR CONDITION I	Н	(A) IMMEDIATE CAU	ISE acute	Bin	nchopne	umperi	12	-9-68	
heart failure	not mean the mode , asthenia, etc. II mean	ns the disease,	DUE TO, OR AS	A CONSEQUENCE		ulure.	0	/2	4 / 0	
injury ar ca	mplication which caus ANTECEDENT CAUS		01.	- 1	. 0			12	-3-68	
DISEASES	OR CONDITIONS, if			A CONSEQUENCE	E OF:	· V. Des	CAL		7	
	he above cause (A IG CONDITION last.) stating the	(c)							
TO THE DEA	IFICANT CONDITIONS CATH BUT NOT RELATED TO	THE TERMINAL ART 1 (A).		Inne						
19A. DATE O	OF OPERATION 198. CO	ERFORMED	WHICH OPERATION	20A. AUTOPS	Y? (Yes or)	- 0.	WERE FINDING CAUSES	OF DEATH		
OR CONTRIE	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	n or obout 21 C. Wi	HERE DID		Boltimore City,		location)	
U	fy medical expanser)	_l etc.	hone		2	roul				
OF INJURY	(Month) (Doy) (Yea		INJURY OCCURRED		0	NJURY OCCUR?				
(APPROX.)	men	Wh Wo	ile At 2 2 Aftwark	e 🗆	121	ref.				
22. I certif	y that (1) (this haspit	al) attended t	he deceased fram	4-29	- 65	19ta	12-	11- 0	08 19	
thot (1) (r) lost sow the deceo	sed alive an	12-10-6	19	and	that in(my) (🛋	opinion o	death occ	urred on the dot	
and hour o	nd fram the couses s	toted abave. (I	(did) (did) (did) (did)	view the body a	fter death	1.				
23A. SIONAT	URE		2 70					DATE SIGN		
6.0	1. Shem	unet	The GREE Phy	s. Di	ed. rectar	Staff Phys.	/	2-1	3-68	
23C. PHYSICI NAME	(Type) EMANUE L	A. SCHI	MUNEK	842 S.	East	Ave. Ba	ltimore	, 21	1224,Md.	
	EMATION, 24B. DATE	24C. N.	AME of CEMETERY of CR	EMATORY	24 D.	LOCATION	(City, tow	n, or coun	nty) (Stote)	
REMOVAL	(Specify)	-68.	Oak Lawn Cen	neterv	722	25 Easter	n Blvd	.Ba.	Co. Md.	

25A. DATE REC'D BY HEALTH DEPT.

Pr. 901 S. Conklingerst.

Charmen to Characa

and eath ased the	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
hospital ise of d (5) Dece ance on death.	T. Richards on 12-12-68 9 P. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY American Control of Maryland and Control of Co
red in outing ed cau ar afte	South Bultimore Genel Hosp. ZIO Home Wood Pa. 32-00
death occur or contrib Undetermin as in regul	Female Without DIVORCED 7-25-189 lost birthdoy Months Doys Hours Min. 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
NT int if direct direct on the	William Ballin gazdun (D.G.C.) 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
or his as Also, if nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE Cardon Usano Cauth (DUE TO, OR AS A CONSEQUENCE OF:
exam xami y A fr who	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the
RAL DIR f medical medical e y burns; (3 physician	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
the chie (2) Bod ere the ophysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 10 10 10 10 10 10 10 1
roved be not post of natur xcept wind (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 11 - 29 19 68 to 12 - 12 19 68
be app ed to t int of ar pital (e	that (we) last sow the deceased alive on 152 - 12 19 68 and that in(my) (our) opinion death occurred on the dat ond hour and from the causes stated above. (1) (did) (did not) view the body after death. 23A. SIGNATURE
ertificate must ody was releas s: (1) An accide D.O.A. at a hos ised prior to de	Stanley R. Weimer M.D. oegree Attending Med. Director Phys. 12-12-68 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Shanley R. Weimer M.D. oegree South Baltimore General 12-12-68 24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	24A. BURILL CREMATION 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY 24D. EDGATION (City, town, of country) (Stole) DEC. 16/68 Low on Park (Em.) Balto. M.— 25A. DATE REC'D BY HEALTH DEPT. 1,25B. NAME OF REGISTRAR 25S. FUNDAL DIRECTOR 5,79/eto funeral from Country (City, town, of country) (Stole) 25A. DATE REC'D BY HEALTH DEPT. 1,25B. NAME OF REGISTRAR 25S. FUNDAL DIRECTOR 5,79/eto funeral from Country (City, town, of country) (Stole)
	VS 1S0-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

June 1975 the bottom and the 78 (8 July) Sa-mussa Tell " " Medical model N 24 W 18 W 18 W 20 21 - 21 Standard W Examer MD State of William MD Sub Balance Com-

	н но. 68-125	CERTIFICAT	E OF DEATH	Registered Na.	58-12534
1, N	CASE NO. AME OF DECEASED e or Print) HENSON, Christ.		2. DATE AND	HOUR OF DEATH	1
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	opher	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	ution: residence before
H H	ULL NAME OF (If not in hospital or institution OSPITAL OR oddress or location)		Rt. 2	BOX JOL ide city limits, write RUR	a.G. C. B. AL and give township)
	THE JOHNS HOPKINS	Hospiral	Annap	olis Mai	aland
3	3 BAUTIMORE, MO		D. STREET ADDRESS UP 1	irol, give lycotion)	0
5. S	widow	D, NEVER MARRIED B. JED, DIVORCED (specify) R MARRIED		AGE (In years of birthday)	Under 1 Yr. If Und
	USUAL OCCUPATION (Give-kind of work 108, KIND during most of working life, even if retired)		BIRTHPLACE (Store or foreig	n country 1	2. CITIZEN OF
	mechanic		////		1115,7
	ATHERS NAME	14	MOTHER'S MAIDEN NAM	IE A 1	
	Jacob Henson		Hattie	Mere	en
15. V (Yes	Vos Deceased Ever in U. S. Armed Forces? no or unknown)(If yes, give wor or doles of service	1 6. SOCIAL 17	7. INFORMANT		ADDRESS
		218.42,7724			
	18 923,21	CAUSE OF	DEATH		INTERVAL BETY
	DISEASE OR CONDITION DIRECTLY	7 700	c 0.71	en e	ONSET AND D
	LEADING TO DEATH (This does not mean the mode of dying, e.,	3 (A) CN	5 death		200
	heart foilure, osthenia, etc. It means the diseas	er lo	1. 4	1 _	110
	injury or camplication which caused death.)	· Ca	uliac le	unt	4 day
	ANTECEDENT CAUSES	DUE TO			- 1
	DISEASES OR CONDITIONS, if any, givin rise to the above couse (A) stating It		vere Bu	ma)	5 day
	UNDERLYING CONDITION last.	3 15			4
7	E 816.9 11	1/2/ <			
ATION	TO THE DEATH BUT NOT RELATED TO			7	
	DISEASE OR CONDITION CAUSING IT.	FAMILICH-OPERATION A A	[20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC	12 8 YAS PERFORMED	Resp. archi		IN CERTIFYING CAUSE	S OF DEATH?
O	21A. A CIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, farm, loctory, street office	or obout 21C. WHERE DID	(If in Baltimore C	ity, give exoct location
CAL	DEATH (notify medical examiner)	Near Hom	2		3 2 -00
10		1E, INJURY OCCURRED	21F. HOW DID INTU	RY OCCUR? / DP_	Ochi la
EDI	(APPROX)	While At - Not While		6 201	acted in
	(APPROL)		Cracion	117 1	alling (
ME	/ / / /	Vork - At Work	12/27	68 /t. /	The string Co
ME	22. I certify that (I) (this hospital) attended	Vork At Work I the deceased from	/2/7/	68 to 12	12 1
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or	the deceased from	12/7/ 11 19.68 and tha	t in (my) (our) opinia	n deoth occurred or
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated abave.	the deceased from	12/7/ 11 19.68 and tha		
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or	the deceased from	19 68 and that we the body ofter deoth.	Stoff 23	n deoth occurred or
WE	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated above.	the deceased from (I) (We) (did) (did not) vie M.D. Attent Phys.	19 68 and that we the body ofter deoth.	23	
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated abave.	Nork At Work The deceased from (I) (We) (did) (did not) vie M.D. Attence Phys. 23	19 68 and that we the body ofter deoth.	Stoff 23	
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated abave. 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Nork At Work The deceased from (I) (We) (did) (did not) vie M.D. Attent Phys. 23 M.D.	19 68 and that we the body ofter death. ding Med. Director D. ADDRESS	Stoff Phys. 4	AR DATE SIENED
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Nork At Work The deceased from (I) (We) (did) (did not) vie M.D. Attence Phys. 23	19 68 and that we the body ofter death. ding Med. Director D. ADDRESS	Stoff Phys. 4	
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Special Property of the County of	(I) (We) (did) (did not) vie M.D. Attend Phys. 23 M.D. NAME of CEMETERY or CREM	19 68 and that we the body ofter death. ding Med. Director D. ADDRESS	Stoff Phys. 4	AR DATE SIENED
ME	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive or and haur and fram the couses stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Special Property of the County of	At Work The deceased from (I) (We) (did) (did not) vie M.D. Attent Phys. 23 M.D. NAME of CEMETERY or CREM	19 68 and that we the body ofter death. ding Med. Director D. ADDRESS	Stoff Phys. 4	AR DATE SIENED

5 2016 OH "220 MILLED 2116.2

NEWER MARKINGS

Bried

2		68-125	35 CERTIFICA	TE OF DEATH	REG. NO	68-12535
	BIRTH NO.		A A A		D HOUR OF DEATH	- C)
	(Type or Print) Gm m	rsla, Gertr	ndl Heler	I A LISHAL DESIDENCE (Who	2-12-68	titution: presidence before admission)
	3. PLACE IN BALTIMORE, M			A. STATE B. COUN	Z A	1 Page 1
	FULL NAME OF (IF NO ADDITION	OT IN HOSPITAL OR INSTITU RESS OR LOCATION)	ITION, GIVE STREET	C. CITY OR TOWN	nne Hhun	DE CITY LIMITS?
	PMILL HIGH	Baltimore, M	1	Linthium H	eights	YES NO 6
	ma. W. 100sp.	1) 111111111111111111111111111111111111	P(•	1000 main	Ave	
	5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	IDA, USUAL OCCUPATION	WIDOWED Live kind of work 10 B, KIND OF	DIVORCED DIVORCED BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?
	done during most of working life,	even if retired)	Home	R.I.		USA
	13. FATHER'S NAME	1		14. MOTHER'S MAIDEN NA	ME	
	15. Was Deceased Ever in U.	fin	1 6. SOCIAL 7	Mc Gun	9	ADDRESS
	(Yes, no ar unknown) (If yes, gi	ve war ar dates of fervice)	SECURITY NO.	Mr-Hapty w	1 1-11	1 1) C 1 #1
	18.//220	12519	CAUSE OF DEAT	Crarl II	kmmers/a (h	JAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		NDITION DIRECTLY		Roul Cil		101.5
	(This does not meon	the mode of dying, e.g., etc. It meons the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	W. C.	10 hrs
	injury or complication v	which coused deoth.)	0	1: 1 +	C (21
		ENT CAUSES ITIONS, if ony, giving	(B) Conge	A CONSEQUENCE OF:	railare	2 Wh
		cause (A) slating the	(c)			
	2 434.1	11	N 1	0		
		NDITIONS CONTRIBUTING TRELATED TO THE TERMINAL GIVEN IN PART 1 (A).	Dial	etes mellitus		
	194. DATE OF OPERATION	WAS PERFORMED	20:1	7	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
5	OR CONTRIBUTING	NDERLYING 216.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
	DEATH (notify medical e	xaminer) etc.)				
3	S OF INJURY		INJURY OCCURRED Ie At Not While	21F. HOW DID INJ	IURY OCCUR?	
	(APPROX.)	Wor this haspital) attended th		1-23-68	19 ta /	2-12 1968
)	that (I) (we) last saw	nian death accurred an the date				
		causes stated abave. (1	iew the bady after death.		23B. DATE SIGNED	
	23A. SIGNATURE	Tie.	Dh.	nding Med.	Staff Phys.	235, DATE STORED
3	23C. PHYSICIAN'S	The same of the sa	DEGREE	23D. ADDRESS	0 11	
2	1201+	Nieman	DEGREE	Univ of Md. H	ocation Salti	y, town, or county) / (Stote)
	24A. BURIAL CREMATION, REMOVAL (Specify)	DEC-16/68 (2)	AME OF CEMETERY OF CR	MATORY P. K 24D. I	Glen Bur	y, tawn, ar caunty) (Stote)
	25A. DATE REC'D BY HEALT		DE REGISTRAR	250 TUNINGL DIRECTO	Sing	leton fadoress Home
	VS 150-REV. 1/1/68	1 6 1960 Rober	or E. Stabbey MA	1 Deryklor	> Gles	Burnie, Md -

Amer Andel

2 66

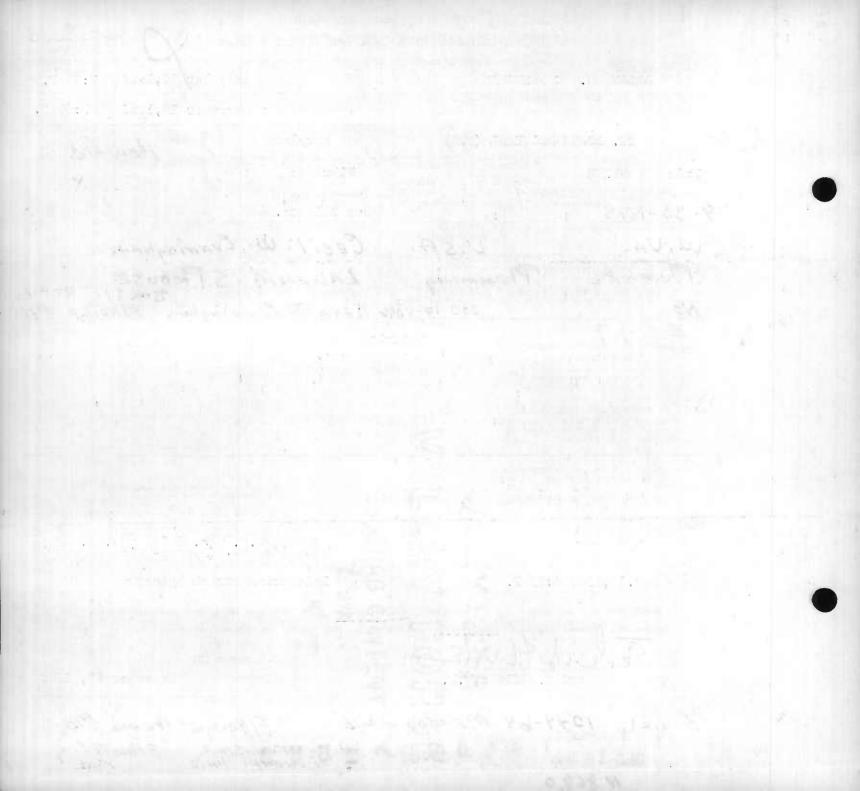
grand and such states again.

No Morrow Haberry of Hamperella (below) in the Sec.

Berill December Colon Hoven Marshall Colon Bernson 19 11 1

68-12536 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO. 68-12536

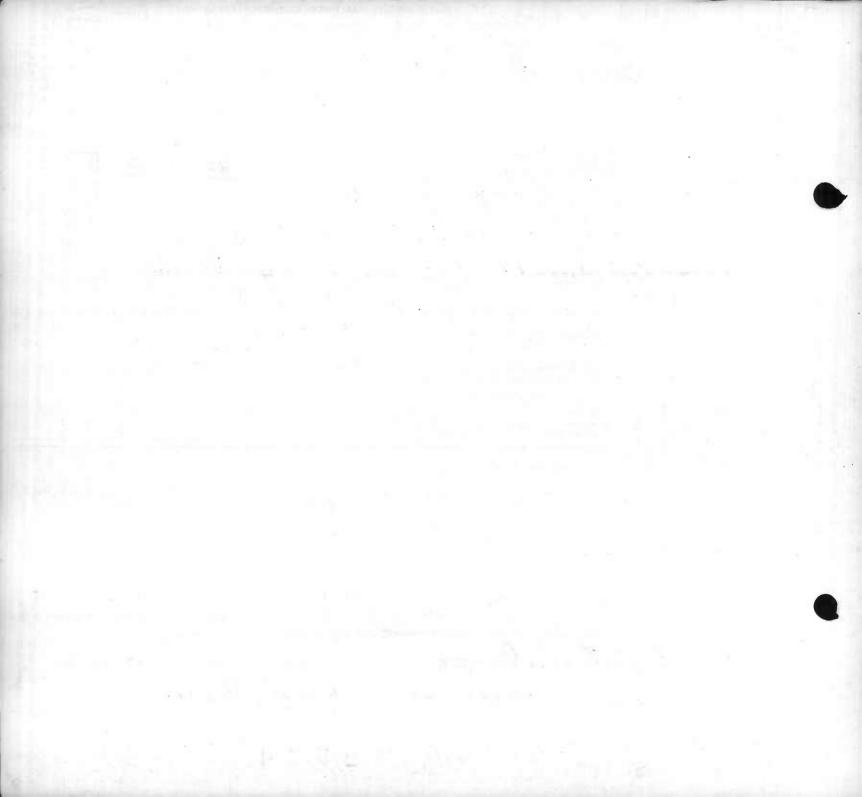
BIRTH NO.	REG NO.	
1. NAME OF DECEASED (Type or Print) ARIAN D. CUNNINGHAM	2. DATE Known Doyn December 10,196	Yeor Hour 7:00 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoled	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD December 10,196	8 7:00 P.
ST. AGNES HOS PITAL (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residue. STATE Maryland B. COUNTY	idence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITS?
Male WHITE WIDOWED DIVORCED	Elkridge YES	О Д ОИ
9. DATE OF BIRTH 9-30-1898 10. AGE (In years lost birthdoy) 70 If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	Box 271 Rte. 4	63-00
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
W. VA. WHAT COUNTRY?	CECIL W. CUNNINGHA	100
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME	17/2
done ducing most of working life, even if retired) Prumming	LAUENIA SPROUS	E
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT SPROUS	ESD 21 RT=4
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 232-10-539	4 44	Elkeider Md
19. CAUSE OF DEA		APPROXIMATE INTERVAL
Present of College of the College of		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C (This does not meon the mode of dying, e.g.,		
heart foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
E 812.4 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	AUTOPSY? (Yes or No)
O S	NO TERI ORNICO	yes
		/ 3
228. PLACE OF INJURY (e.g., home, form, ledgry, street, office UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Baltimore City, give exect loce bldg., etc.) INJURY OCCUR?U S. Rte. I 100 3 Montevideo Rd. (Jessup-Hov	yds. S. of
22D TIME (Month) (Day) (Year) (Hours) 22E INITIDY OCCUPPED	22F HOWDID INITIPY OCCUP?	,,
(APPROX.)Dec.10,1968 6:25 P. m. WHILE AT NOT AT W	Pedestrian struck by car	
23.	VORK A TOUR	
	ond that on this basis, death in my opin	nian
resulted fram: Natural causes Accident & Suicia		
resulted from: Natural causes Accidents Suicia	CHIEF MEDICAL EXAMINER	
ACTUAL S & A & A A A A A A A A A A A A A A A A		DATE SIGNED
SIGNATURE		
EXAMINER'S Edward F. Wilson, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER Decemb	ber 11, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (State)
BURIAL 1274-68 MENDOWR		nd. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ico 17 E. Li
950 16 1968 R. Cub E. Stribeyna	HIBY BOTTOM-SIACK Ell	ma.
VS 151-REV. 1/1/6B		



10.A USUAL OCCUPATION (Give kind of working) 10. WIDOWED 2/7/1/ 10. BIRTHACE (Sole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHACE (Sole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHACE (Sole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER: NAME 14. MOTHER'S MAIDEN NAME 15. WELL DECEMBER 15. SOCIAL 15. S	BIRTH NO.		3-125	CERTIFICA	TE OF DEATH	REG. NO	68-12537
FILL NAME OF ADDRESS OF LOCATION). GIVE STREET Sinal Hospital Sinal Hospital	(Type or Print)	Brady, E			10:	45 Am	12/11/88
Months: Day's Hours Maryland	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INST		A. STATE B. COUN 13a / f. Ma c. CITY OR TOWN Baltimore E. STREET AND NUMBER	ary land	VES TO THE TOTAL
Salesman Salesman Joseph P. Brady Jos	101	W	WIDOWE	D DIVORCED	2/17/11	10st birthdayi	Months Doys Hours Min.
Joseph P. Brady Mabel Stocksdale 15. SOCIAL 15. SOCIAL 16. SOCIAL 17. INFORMANT SCURITY NO. 216 03 9412 Mrs. Edward J. Brady 3321 Woodland Avenue 216 03 9412 Mrs. Edward J. Brady 3321 Woodland Avenue APPROXIMATE INTEREST. AND ATTE OF PARTICIPATION AND AT	done during most of Salesma	working life, even if retired			Maryland		
Yes, no at unknown	Josep	h P. Brady		1	Mabel Stoc		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., theat follow, eathering ict. If means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving itse to the above cause (A) stoling the UNDERLYING CONDITION (C). DISEASE OR CONDITIONS, if any, giving itse to the above cause (A) stoling the UNDERLYING CONDITION (C). TO THE BASIN ECANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION (TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION (TO THE TERMINAL DISEASE OR CONDITION (TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION (TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION (TO THE TERMINAL DISEASE OR CONDITION (TO THE TERMINAL DISEASE	(Yes, no of unknown	(If yes, give wor or do	orces? tes of service	SECURITY NO.			imore, Maryland 21
OR CONTRIBUTING CAUSE OF DEATH (nafify medical examiner) DEATH (nafify medical examiner)	UNDERLYING	e above cause (A) G CONDITION last, IL ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	ONTRIBUTING THE TERMINA ART 1 (A).	(C)		1	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) DEATH (natify medical examiner)	19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURED While At Work 22. I certify that (I) (this haspitol) ottended the deceased from that (I) (we) lost saw the deceased olive an and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 14DEC68 New Cathedral Cemeters 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY	OR CONTRIBLE	ITING 🗌 CAUSE OF	h	ome, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltim	ore City, give exact location)
that (I) (we) lost saw the deceased alive an	OF INJURY	(Month) (Day) (Yeor	V	Vhile At Not Whil		URY OCCUR?	
Attending Med. Director Direct	that (I) (we)	lost saw the deceos	ed olive an	12/11/68	19ond th	-00	/ /
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Str. Burial 14DEC68 New Cathedral Cemeters / Baltimore, Maryland	23 C. PHYSICIA	J. Josel) Locokee Phy	s. Director L	Shaff Phys.	238, DATE SIGNED , 12/1/68
	REMOVAL (Specify)		NAME of CEMETERY OF CR		,	
BEC 16 1968 P.D. A 90 Fr Comma 2 6. E. Lowell Lemmon 4611 Park Heights		BY HEALTH DEPT.	8 Ne	w Cathedral Cer	250. FUNERAL DIRECTOR	Some	ADDRESS

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VS 150-REV. 1/1/68



H-252

68-12539 BALTIMORE CITY HEALTH DEPARTMENT

68-12539

-	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	
- 115	BIRTH NO. 1. NAME OF DECEASED	2. DATE Known & Month Day Yeor Hour	
	(Type or Print)	OF The state of th	
╟	WILLIAM R. HUGGINS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 12 11 68 7:30 3. DATE Month Doy Yeor Hour	ам.
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
3	HOSPITAL ADDRESS OR LOCATION)	December 11, 1968 7:30	
	D.O.A.	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY	1
	South Balto. General Hospital	Maryland Anne Arundel	1
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	Male White WIDOWED DIVORCED	Baltimore YES X NO X	
	9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
	July 2,1890 lost birthdoy) Months, Doys, Hours, Min.	407 5th Ave. 52-00)
I	11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
	Md WHAT COUNTRY?	William W Huggins	
	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
	one diging manager king life, even ifretired)	? Susen	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
	(Yes, noor unknown) (If yes, give wor or dotes of service) SECURITY NO.	Herbert Cremen 4157 McDowell 21227	
	19. 4/2. 4 I CAUSE OF DEA	TH APPROXIMATE INTERV BETWEEN ONSET AND D	
	DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease	
	LEADING TO DEATH (A)IMMEDIATE C		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
	injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
	(c)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	C)	AS PERFORMED 21. AUTOPSY? (Yes or N	0)
	O	AS PERFORMED 21. ADIOPSY? (168 01 IV	,
		No	
	Ullining I on Controls I home, form, factory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?	
	UTING CAUSE OF DEATH.		
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
	(APPROV)	WHILE O	
	23.		
	I certify that I held on InquiryInspection XX Au	tapsy and that on this basis, death in my opinion	
	resulted from Housel seuces Aciden Suicid	de Hamicide Undetermined manner	
	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER	
	ACTUAL ACTUAL OF THE STATE OF T	ASSISTANT MEDICAL EXAMINER	,
	SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Edward F. Wilson, M.D.		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
	REMOVAL (Specify) Burial 12/18/68 Balto Natl C		
	25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS	1.
	BEC 181968 A d. R.S. Sto. C. MA	- Hichalt H- 1/37 falapses	ev
T	VS 1S1-REV. 1/1/68	1 2/2/2/5	

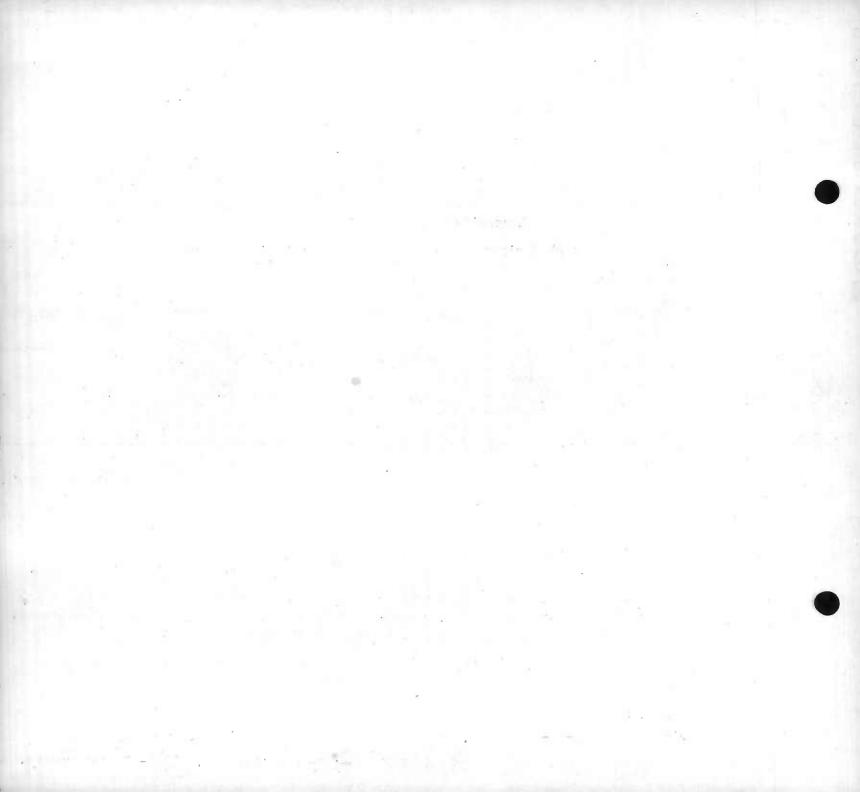
THE STATE OF STREET

IMPORTANT

DIRECTOR:

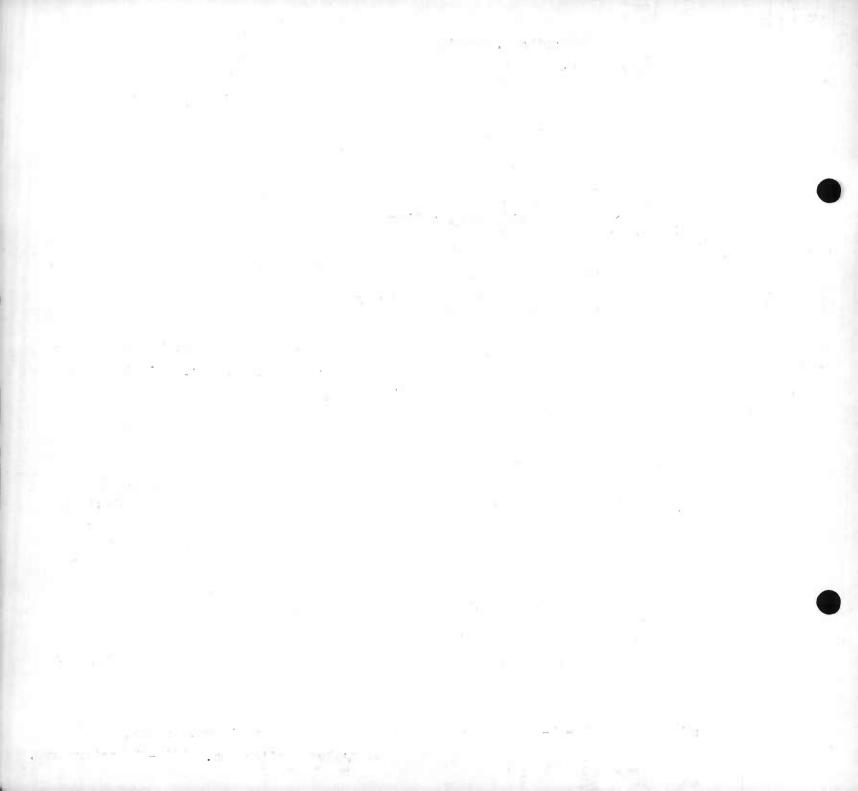
FUNERAL

VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

		00	100	BALTIMORE CITY	HEALTH DEPARTMEN	1T	00	10511
BIRTH	NO	00	-1204	11 CERTIFICA	TE OF DEAT	H REG. NO	000"	-12541
I. NAA	AE OF DECEASED	Mart	ha A. I	fornig Hornia		TE AND HOUR OF DE	ATH	110:501
3. PLA	CE IN BALTIMORE	MARYLAND, WI				(Where deceased lived.	If institution:	residence befare admission
HOSPI	NAME OF (IF	NOT IN HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	Bc. 1+.	INSIDE CITY	LIMITS?
1	lary/a	va (JENE	ral Hosp	Balt.	BER	YES E	NO 🗆
1	18				2535	FAI	+ A	して
. SEX	6. RAC		MARRIED [WIDOWED	NEVER MARRIED A	6. DATE OF BIRTH	9. AGE (In years last birthday)	If Und Manths	er 1 Yr. If Under 24 Hrs Days Hours Min.
	SUAL OCCUPATION			BUSINESS OR INDUSTRY Lord Baltimore Hotel		or fareign country)	12. CIT	U.S.A.
3. FA	THER'S NAME		/		14. MOTHER'S MAIDER	NAME	No	
1/1	s Deceased Ever in	10 1	1040	7	17. INFORMANT	culin E	/ / 0.	ADDRESS
Yes, no	or unknown) (If yes	give war ar dates	es: of service)	16. SOCIAL SECURITY NO. 2/6-05-07		EtIENT		ADDRESS
18.	571	51		CAUSE OF DEAT	Inal Eu	lema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		CONDITION DIR	ECTLY	(A) IMMEDIATE CAL	ISE TO DE	In Fac	iturs	+2
	his does not med eart failure, astheni			DUE TO, OR AS	A CONSEQUENCE OF:			- Collection
	jury or camplication	n which caused		Pint	N Circle	14015	************ *	
		EDENT CAUSES		(B)	A CONSEQUENCE OF:	0/15		
ris	ISEASES OR CO	e couse (A)		(C)	A CONSEQUENCE OF:			
· d	THER SIGNIFICANT	11	ITBIBLITING	10/		· · · · · · · · · · · · · · · · · · ·		
= 10	THE DEATH BUT I	NOT RELATED TO TH	E TERMINAL					
U 19	A. DATE OF OPERA		ITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, W	ERE FINDING	S CONSIDERED
CERTIFI	A. ACCIDENT WA	8 UN	16111	PLACE OF INJURY (e.g., i	no or about 21 C WHERE	2		74
_ 0	R CONTRIBUTING EATH (natify medical	CAUSE OF	hom etc.)	e, form, factory, street, a	ffice bldg., INJURY OCCL	J R?	ınımare City, gi	ve exact location)
D 21	D. TIME (Manth	n) (Day) (Year)		INJURY OCCURRED		D INJURY OCCUR?		
< (A	PPROX.)		Whi	ile At Nat While At Wark				
	and the second second			ne deceased from	/ /	19 68 to	13/1	7 19 6
	at (1) (we) last s			(30)	· ·		apinian de	oth accurred an the d
	A.SIGNATURE	the causes state	ed abave. (I) (We) (did) (did nat) v	view the bady after de	eath.	228 D	ATE SIGNED
23	A. SIGNATORE	en Fa	02	Atte	ending Med.	Staff -	_ / ~	14/68
23	C. PHYS CIAN'S NAME (Type)	<i>y</i> 100		OEGREE Phy	23D. ADDRESS	Phys.	(<	111/30
24A. B	URIAL CREMATIO	N, 24B, DATE	24C. NA	OEGREE	EMATORY 2	4D. LOCATION	(City, tawn,	ar caunty) (State)
R	REMOVAL (Specify)	12-17-		oly Redeemer		Baltimore,		
25 A. E	ATE REC'D BY HE	1 6 196%		F PO TO COM	2 LALLY & ZE			Eastern Ave.
/s 1.50)-PEV 1/1/68	ו מטפו ע א	APPER S					



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IMPORTANT

DIRECTOR:

FUNERAL

FIRE ALBERT

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NY STATES

68-12545 BALTIMORE CITY HEAM MEDICAL EXAMINER'S C	ALTH DEPAR	TMENT CATE OF	DEATH	H REG. NO.	68-	12548	5
	2. DATE	Known 🔀	Month	Doy	Yeor	Hour	
HOWARD J. MESSICK	OF DEATH	Estimoted	12	13	68	8:30	ам.
MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
DORAS GRI TEATION AND THE STREET	PRONOU	NCED DEAD	Decem	ber 13,	1968	8:30	ам.
· · · · · · ·	5. USUAL RE	SIDENCE (Where	deceosed live	ed. If institution	: residence b	efore odmissi	on)
Bank St. D.O.A. 12-18-68	A. STATE	aryland		. COUNTY	-		
B. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		

BIRTH NO.					0, 112 01		REG. N	10	
NAME OF DECEASED	150 50			2. DATE	Known 🔀	Month	Doy	Yeor	Hour
(Type or Print)	HOWART) J. N	MESSICK	OF DEATH	Estimoted	12	13	68	8:30 a
4. PLACE IN BALTIMORE, M				3. DATE		Month	Doy	Yeor	Hour
THE PERSON OF TH	TIN HOSPITAL	L OR INSTI	UNION CIVE STREET	PRONOL	INCED DEAD	Dooon	ham 1	2 1069	9.30 0
ELK LIFT	SCREDLAI	AN	LNULU	5. USUAL RI	SIDENCE (When			3, 1968	8:30 a
			12-18-68	A. STATE			B. COUN		and the same
2118 Bar		D.O.		N	Maryland		T=	-)
SEX 7. RACE			D NEVER MARRIED	C. CITY OR	IOWN		D. INSIL	E CITY LIMITS?	
Male Whi		WIDOW	DIVORCED		Balto.			YES 🔀	NO O
. DATE OF BIRTH	10. AGE (In lost birthdoy		If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.	E. STREET A	ND NUMBER				
5-22-23	45	'		2118	BANK S	STREET			
I. BIRTHPLACE (State or fore	ign country)	1	2. CITIZEN OF	13. FATHER	SNAME				
MARYLAND	w 1		WHAT COUNTRY?	WIT	LIAM G.	MESS	TCK		
A.USUAL OCCUPATION (G	ve kind of work 1	4B. KIND					7.011		
one during most of working life, e	ven if retired)								
6. WAS DECEASED EVER IN	III S ADMED	FORCES	17. SOCIAL	IB. INFORM	VA LIJEV	A OUT T		ADDRES	200 0
(es, no or unknown) (If yes, give			SECURITY NO.			3677.00	TOTE	ADDRESS 6	
YES			215-12-5130	J WIII	LIAM G.	MESS	ICK P		AVENUE
19.3 03 91			CAUSE OF DEA	TH					PROXIMATE INTERVA
DISEASE OF COM	DITION DIDEC	TIV	Artori	0001000	tic card	10770501	100 4	iconca	
DISEASE OR CON		ILY	ATT.				ntricinta att	The Chelenan	
(This does not mean the	•	na e a	(A) IMMEDIATE C	AS A CONSEQ	ute alcoh	olism			
heort foilure, osthenio, et	c. It meons the	diseose,	DUE TO, OR A	AS A CONSEQ	UENCE OF:				
injury or complication wh	ich coused de of	th.)						-	
ANTECEDEN	CAUSES		; (n)						
DISEASES OR CONDIT		GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:	***************************************			
UNDERLYING CONDI	LUSE (A) STATI	ING THE							
2 OTTO COTTO	MOIT LAST.		(C)						
322.0	II								
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 20A. DATE OF OPERATION									
DISEASE OR CONDITION									
20A. DATE OF OPERATIO	N 20B. CON	DITION F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
and of								VI	ES
22A. EXTERNAL CAUSE	WAS	2	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, offic	in or obout 2	2C. WHERE DID	(If in Boltimo	e City, give		260
UNDERLYING OR COL		h	ome, form, foctory, street, offic	e bldg., etc.) II	NJURY OCCUR?				
UTING CAUSE OF DE		(11)	22E.INJURY OCCURRED	2	2F. HOW DID IN	HILIPY OCCI	ID2		
OF INJURY	(Doy) (Yeor)) (Hour)		WHILE C	21. HOW DID II	NJOKT OCC	JKr		
(APPROX.)		r		VORK					
23.									
I certify that I	neld an In	quiry _	Inspection Au	tapsy XX	and that an	this basis,	death in	my apinian	
resulted from:	Natural caus	esXX.	Accident Suicio	de Ho	micide 🗌	Undetermi	ned mann	er 🗌	
	111	11 \	10		CHIEF MEDICAL	EXAMINER			
ACTUAL (X 1 T	-10	11/		STANT MEDICAL		kxx		DATE SIGNED
SIGNATURE	WV		M.D).					
EXAMINER'S				ASSO	CIATE MEDICAL	EXAMINER		0/10/60	
NAME (Type)	Edward	d F. I	Vilson, M.D.	CDEMATO	DV Jain	LOCATION		2/13/68	15
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE		24C. NAME of CEMETERY	ar CKEMAIC	24D	, LOCATION	(City,	town, or county) (State)
BURTAI	12-16	6-69	HOLY BOSAR	V CIDATO	BMD31 D	UNDALK	MAR	YLAND	
25A. DATE RECIDEN HEALTH	DEPTS	25% NA	ME OF REGISTRAR	25C.	UNERAL DIREC			ADDRESS	401.
1.	1900	oke	EMUNESTED TO	TO	Tor at tr	משמח	TEOD	C THE	
	i.	1	W. St. Comp.) pjo	DIV die	EBER 6	SON	S INC.	S. CHES

VS 151-REV. 1/1/6B

12-18-68 M.H. Letter from M.E.'s office

C-648

68-12546 BALTIMORE CITY HEALTH DEPARTMENT

00	7				
ME	DICAL	EXAMINER'S	CERTIFICA	TF OF	DEATH

68-12546	146
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BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN CARROLL	2. DATE Known Month Doy Yeor Hour OF Estimoted December 12,1968 10:30 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL 201 ADDRESS OR LOCATION)	PRONOUNCED DEAD December 12,1968 10:30 P.
orinstitution 301 McMechen Street	5. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admissign)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	s. E. STREET AND NUMBER
6-14-1895 Tost birthdoy) Months, Doys, Hours Min.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Baltimore, Maryland USA 14A-USUAL OCCUPATION (Give kind of work) 14B-KIND OF BUSINESS OR INDUSTR	James Ignatius Carroll RY15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Weber
Accountant 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
NO 215-10-4627	
4 / 2 / 4	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	osclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE	
heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
Tother SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	NAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
	ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROV.) [WHILE AI [] NO	WORK
23.	
I certify that I held an Inquiry Inspection X A	utapsy and that on this basis, death in my apinion
resulted from: Natural causes 🗵 Accident 🗌 Suici	ide Hamicide Undetermined manner
1 10 11 10	CHIEF MEDICAL EXAMINER
ACTUAL (syles ///	ASSISTANT MEDICAL EXAMINER X
SIGNATURE U STATE TO THE TIME M.D.	ASSOCIATE MEDICAL EXAMINER December 13,1968
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINAER C. December 13, 1906
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 12-16-68 Baltimore C	emetery
	2010110101010101
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MED 18 1988 190 AN 8 TO BOW	Filsworth Armacost-4600 Liberty Hghts. A
VS 151-REV. 1/1/6B	

VISIT OF THE SECOND STATE OF THE SECOND STATE



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

3

VS 150-REV. 1/1/6B

. 50 USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) D. INSIDE CITY LIMITS? If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12, CITIZEN OF WHAT COUNTRY? GlenBurni Burmeister 2004 Norman Av. APPROXIMATE INTERVAL (20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) ((our) opinion death occurred on the date 23 B. DATE SIGNED DEGRETHE UNION MEMORIAL HOSPITAL (City, town, or county)



FUNERAL DIRECTOR: IMPORTANT

	0	0 405	BALTIMORE CITY	HEALTH DEPARTMEN		68-12550
	b	8-123	CERTIFICA	TE OF DEATH	REG. NO.	00-T2000
BIRTH NO.					AND HOUR OF DEA	TU T
Type or Print)						
3. PLACE IN BALTIM	ge Masek			Dec	ember 14,196	8
3. PLACE IN BALIIM	JRE, MARTLAND, V	WHERE PRONOL	INCED DEAD	A. STATE B. C	DUNTY	institution; residence before dumissi
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET	Maryland		1
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	6.1	VELDE CITY LIMITS?
				Ba ltimore		YES NO
An an I				E. STREET AND NUMBE	R	
4262	Nicholas .	Ave		4262 Nichol	as Ave	
SEX 6. F	ACE	7. MARRIED	M NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 h
Male W	hite	WIDOWED		Sept.24,1895	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		k 10B, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUN
one during most of work						
Retired Ma	chinist	Crown	Cork & Seal	Illinois		U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
Aloi	s Masek			?	?	
. Was Deceased Eve	r in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If	yes, give wor or dot	es of service)	212-09-8178	Mma Tanana T	Manala	S
18. e.L 10.			CAUSE OF DEAT	Mrs Irene L	masek	Same APPROXIMATE INTERVA
DISEASES OR rise to the UNDERLYING COTHER SIGNIFICA	/ II	any, giving sloting the	(c)	My Ulber AMONSEQUENCE OF:	xcleros, s	10 year
▼ DISEASE OR CONI	UT NOT RELATED TO	RT 1 (A).	100000		1 1900	
19A. DATE OF OP	ERATION 198. COI	NDITION FOR VERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTION OB CONTRIBUTIO	WAS UNDERLYING [G CAUSE OF dicol exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21C. WHERE DI fice bldg., INJURY OCCU	D (If in Bolti	more City, give exoct location
WI OF INTITION	onth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Whi	Not While	3001		0 /
22 1	. (1) (1) 1 - 1 - 2 ::		(14	Tilu	1956 to 14	Vienner : to
			deceased from C	10 68		19.12
that (1) (a)e) tas	t sow the deceas	ed olive on		19 6 7 on	d that in(my) (our)	opinion deoth occurred on the
	om the causes sta	ited above. (1) (did not) v	iew the body ofter dec	ith.	
23A, SIGNATURE	120	Poleti	//L Phu	nding Med.	Staff Phys.	23B. DATE SIGNED / 8
23 C. PHYSICIAN'S			DEGREE	23D. ADDRESS		1.1.
NAME (Type)	alleries to the	1 -1 - 1/ 5		2/22	D. D. D. C. C.	76
	elvin F Po		DEGREE	3603 Belair		
AA. BURIAL CREMA REMOVAL (Spec	ION, 248. DATE	24C. N	AME of CEMETERY of CRI	MATORY 24	D. LOCATION	(City, town, or county) 1Stot
Burial	12/17/	68 Par	kwood		Baltimore.	Marvland

VS 150-REV. 1/1/6B

25A, DATE REC'D BY HEALTH DEPT.

DEC 16 1968

Leonard & Ruck Inc. Baltimore, Maryland

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	68-	1255	1 BALTIMORE CITY HE	ALTH DEPARTMENT			00	40
BIRTH NO.			EXAMINER'S		OF DEAT	H REG. NO.	00-	12551
	CEASED Naomi P	• MARTI	N	2. DATE Known OF DEATH Estimot	_	Doy 12	Yeor 68	Hour 6:15 p ^
4. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PR	ONOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	ITUTION, GIVE STREET	PRONOUNCED DE 5. USUAL RESIDENCE	Decem	nber 12,		6:15 p
Si	nai Hospital	D.O.	Α.	A. STATE Mary		B. COUNTY	P	
6. SEX	7. RACE		ED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	LIMITS?	02
Fema1e	White	WIDOW		Balto.		YE	s 20 t	NO 🗆
9. DATE OF BIR	lost hirth		If Under 1 Yr. If Under 24 Hrs. Months, Doys , Hours , Min.	E. STREET AND NUM	BER ZOZOSOWOZE, I	Woodlea	Avenue	,
	(Stote or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		rd Carte		
	working life, even il retired		OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDE		rl Schuy	ler	
IA WAS DECEA	SED EVER IN U.S. ARM	ED FORCES s of service)	7 17. SOCIAL 219-01-1832	Mr. Howard	Carter,57		Rd. 2	21206
heort foilur injury or co DISEASES RISE TO TH UNDERLY	LEADING TO DEATH not meon the mode of ey, osthenio, etc. It meons to emplication which caused of ANTECEDENT CAUSES OR CONDITIONS, IF AI HE ABOVE CAUSE (A) S' ING CONDITION LAST	he diseose, leoth.) NY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF		Julies		
O TO THE DE	NIFICANT CONDITIONS EATH BUT NOT RELATED TO OR CONDITION GIVEN IN	O THE TERMI						
20A. DATE C	OF OPERATION 20B. CO	NOITION	FOR WHICH OPERATION W	AS PERFORMED			21. AUTO	PSY? (Yes or No)
UNDERLYIN UTING C 22D. TIME OF INJURY (APPROX.) 23. I cei resu ACTUA SIGNA EXAMII NAME	12 12 6 rtify that I held on lited from: Natural continued from the literature of t	8 5:53 Inquiry Duses	MILE AT NOT AT V AT	white Pe topsy XX and the Homicide CHIEF MEI ASSISTANT ME ASSOCIATE ME	mogh Rd. 7	75' W. of OUR? struck by death in my ined manner [E Reist y auto	cerstown R
24A. BURIAL CRI REMOVAL (Spe	EMATION, 24B. DATE		Holy Redeeme		24D. LOCATION	City, town	Md.) (Stote)

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

125C. FUNERAL DIRECTOR ADDRESS
12001 Address A

Long

miner's soliton systems avenue

marting Cartes

things in the

215-03-1832 Sr. Howard Carter, 5727 Comes No. 2:100

vandeane.

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surial 12/17/68, Holy redeemer Deservery

and a letter to the letter

MESTER NO CONTACT CONTRACTOR OF THE PROPERTY OF THE PROPERTY

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VS 150-REV. 1/17

Contract of the contract of th arate le cate un ajout t'home

VS 150-REV. 1/1/6B

IMPORTANT

FUNERAL DIRECTOR:

68-12553 INSUDE CITY LIMITS YES XX NO' If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? IISA ADDRESS Same BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exoct location)

and that in(my) (aur) apinian death accurred an the date

(City, town, ar caunty)

Leenard J

. Ruck, Inc. Balte. Md. 21214

. . . ----

B-450

68-12554 BALTIMORE CITY HEALTH DEPARTMENT

68-12554

MEDICAL EXAMINER'S CERTIFICATE OF DE	MEDICAL	AL EXAMINER'S	CERTIFICATE	OF DEATH	
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BIRTH NO.	REG. NO.
NAME OF DECEASEDE	2. DATE Known Month Doy Yeor Hour
JOHN BLOOM	DEATH Estimoted 12 11 68 6:25 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 1 1968 6:25 am. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
DO Brankley Matons DO A	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NIEVER MARRIED	Maryland D. HISIDE CITY LIMITS?
MAKKIED - INEAEK MAKKIE	
Male White WIDOWEDE DIVORCE	Daito:
9. DATE OF BIRTH Dec. 20, 1917 January 1917	Min.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	4800 Curtis Ave.
WHAT COUNTRY?	
WHAT COUNTRY?	John Woodskim Frederick Bloom
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INC	DUSTRY 15. MOTHER'S MAIDEN NAME
Housenick U.S. Army Retired	Marcokine Lillian
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO	
Yes 212-1:0-38	302 Mr Tom Shipley 605 E 35th St
19. S CAUSE OI	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Fatty liver
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUETO	DIATE CAUSE D, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	D, OR AS A CONSEQUENCE OF
I UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJUR	YES YES
O INDEDIVING TOP CONTRIB. home, form, foctory, street	Y(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.NJURY OCCU	RRED 22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK	NOT WHILE AT WORK
23.	At world 2
certify that I held an Inquiry Inspection	Autapsy XX and that on this bosis, death in my apinian
resulted from: Natural causes XX Accident	Suicide Hamicide Undetermined manner
3/1/15/	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL COMMITTEE COMMITTE	M.D. ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D	10/11/10
	ETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 12/16/68 Baltimore	National Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
DEC 16 1968 Roberts Extendent	1 A Leonard W Ruck Inc. Baltimore, Maryland
	1 2 3 3

A.D. H BENGER BY STORE

The Mark . I. I the court

nation metaborane

STREET, THE SHAPE WITH THE SHIP DESTREET

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reini. 12/1-/ed halthore Untional inlinere, beryland

Accessing the second t

eceased SID 98 Bonard J Rick Inc Baltimore, Maryland 3 ō VS 150-REV. 1/1/6B

ADDRESS

21224

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

USA

ADDRESS

If Under 24 Hrs.

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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Anna Parlant months

VS 150-REV. 1/1/68

and

a hospital

BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. 68-12557 CERTIFICA	TE OF DEATH REG. NO. 18-12557
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) ANNE M WELSH	12 DECEMBER 1968 10:10 B
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	UMPYCIAND NONE 2/2/4
INSTITUTION	CONTY OR TOWN LOCKE IN INSIDE CITY LIMITS?
UNDELAND GENERAL HUSPITAL	E. STREET AND NUMBER 3113 HAMILTON AVENUE
5. SEX 6. RACE 7. MADDIED NIEVED MADDIED	
PEHALE 6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
done during mast of working life, even if retired) Up. CASUACT CO.	PENNSYLVANIA USA
JOHN O'DONNELL	14. MOTHER'S MAIDEN NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(If yes, give wor or dates of service) SECURITY NO.	Mr Charles P Welsh Same
18. CAUSE OF DEAT	broad corcuronatoris BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	haligrant relanous
(A) IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF
ANTECEDENT CAUSES	1012
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
(C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ER -	
OR CONTRIBUTING AUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in the control of the con	n or obout 21C. WHERE DID (If in Baltimore City, give exoct location) ffice bldg., INJURY OCCUR?
O	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) Work At Work	
22. I certify that (1) (this hospital) attended the deceased fram	191919
that (I) (we) last saw the deceased alive on	19and that in(my) (our) opinian death occurred an the dote
and hour and from the causes stated obave. (1) (We) (did) (did not) v	riew the body ofter death.
23A. SIGNATURE	23B. DATE SIGNED
MACCOOL DEGREE Phy	anding Med. Staff Phys. Director Phys. D
23CAHYSICIAN'S NAME (Type)	23D. ADDRESS
, DEGREE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12 /19/68 Moreland Memor	ial Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL PIRECTO
DEC 161968 Roll of E. Startenni	Leonard & Ruck Inc Baltimore, Maryland



Such

	00	BALTI	MORE CITY HEAL	TH DEPARTMENT		00 10000
BIRTH NO. I	DANIEL DA	-12559 CER	TIFICATE	OF DEATH	REG. NO	68-12559
NAME OF DEC	DAN G /	KARBONIK		2. DATE AI	12.68	1.30 P.M.
3. PLACE IN BA	TIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. U.			institution: residence before admission
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE		MD.	U.SA	
HOSPITAL OR	ADDRESS OR LOCA	TION)	c. CI	Y OR TOWN		SIDE CITY LIMITS?
CHU	RCH HOME	& HOSPITAL		BALTIMON	RE 1	YES NO NO
35	BALTIMOR	E	E. ST	660I O'Donn	ell St	000
MALE	WHITE	WIDOWED DIV	ARRIED 8, DA	. 23.92	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
		IOB. KIND OF BUSINESS O	R INDUSTRY 11. BI	RTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
one during most of	working life, even if retired)	-		POLANI	2	AMERICA
3. FATHER'S NA		,	14. M	OTHER'S MAIDEN NA		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	II-len			II=1	_	
. Wos Deceoses	Unknown Ever in U. S. Armed Force	es? 16. SOCIAL	17. IN	Unknov	VΠ	ADDRESS
es, no or unknown	(If yes, give wor or dotes					
110		213-07	-3895 M	rs Tecla Ka	rbonik 660I	O'Donnell St
rise to th	OR CONDITIONS, if a e obove couse (A) G CONDITION last.	,, 9,,9	E TO, OR AS A CO	ISEQUENCE OF:		
TO THE DEA	II FICANT CONDITIONS CON TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL				
19A. DATE O	F OPERATION 198. CONE	DITION FOR WHICH OPERA DRMED	ATION 20	A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF IN home, form, focto etc.)	NJURY (e.g., in or ob ry, street, office blo	g., INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJURY OC	CURRED	21F. HOW DID IN.	IURY OCCUR?	
(APPROX.)		While At Work	Not While			
22 Learnify	that (1) (this basnital)	attended the deceased		2-1	19 60 to	Dec 12 19 60
) last saw the deceased	() .		10		pinian death accurred an the de
1 ' '		ed abave. (I) (We) (did)	(did sat) viaw ti		,, (, -,	
23A. SIGNAT			(did lidi) View II	e body offer decili.		23B, DATE SIGNED
	AN'S Type) VENERA	Vación	Attending Phys.	Med. Director	Staff Phys.	Dec 12/1968
23 C. PHYSICIA	AN'S Type)	•	23D. A	DDRESS		
	VENERA	CION	DEGREE	CHURCH	HOME AN	OD HOSP.
AA. BURIAL CRI		24C. NAME of CEME		RY 24D. 1	OCATION	City, town, or county) (State)
Burial	12-16-6	8 St Michael	ls Ukraini	an Ba	ltimore, Man	ryland
					,	-

VS 150-REV. 1/1/6B

25A. DATE RECID SY HEALTH

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS

ALTER DABROWSKI 1005 DUNDALK AVENUE

PID USER
CHURCH HAME S HISTITAL BHITHORE

PARCE WHITE X 11 22.98 76

Ret. Ceth Greek - POLAND PARCES

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under	24 Hrs.
	lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	Min.
1916	52		
11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT C	OUNTRY?
Virginia			
4. MOTHER'S MAIDEN NA	ME		
Unknown			
7. INFORMANT		ADDRESS	
Andrew J. Fitz	patrick - 8	21 N. Eutaw St.	
	` `	APPROXIMATE IN	
is Playma	to Jack	ne	VD DEATH
CONSEQUENCE OF:			
ral GASa	las Hon	mage	
CUCYT			
A CONSEQUENCE OF:			
Ban. C	- 1		
1 gran 8	Juden		
-2		1 /	
0-0-0-000000000000000000000000000000000			
20 A. AUTOPSY? fYes or N	O) 20B.)F YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
or about 21 C. WHERE DID	(If in Boltim	ore City, give exact location)	
or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	ļ = =		
21F. HOW DID IN	JURY OCCUR?		
	17	1	10
en Zs	19 62 to E	tec// 19	60,
19 6 5 and t	hat in (my) (ear) or	inian death occurred on	the date
ew the bady ofter deoth.			
ew rife budy offer deoth.	•	23B. DATE SIGNED	
ding Med.	Shall	Z3D, DATE SIGNED	
Med. Director	Staff Phys.		
3D. ADDRESS	£	11 ()	
6615 Neist	erstown	a	
MATORY 24D.	LOCATION f	City, town, or chunty)	fStote)
etery	Baltimore,Ma	ryland	
25 FUNERAL DIRECTO		ADDRESS	
	7.	DUNDALK AVENUE	
WALTER DAB	YOMPYT TOOD	DONDYPY VARIOR	

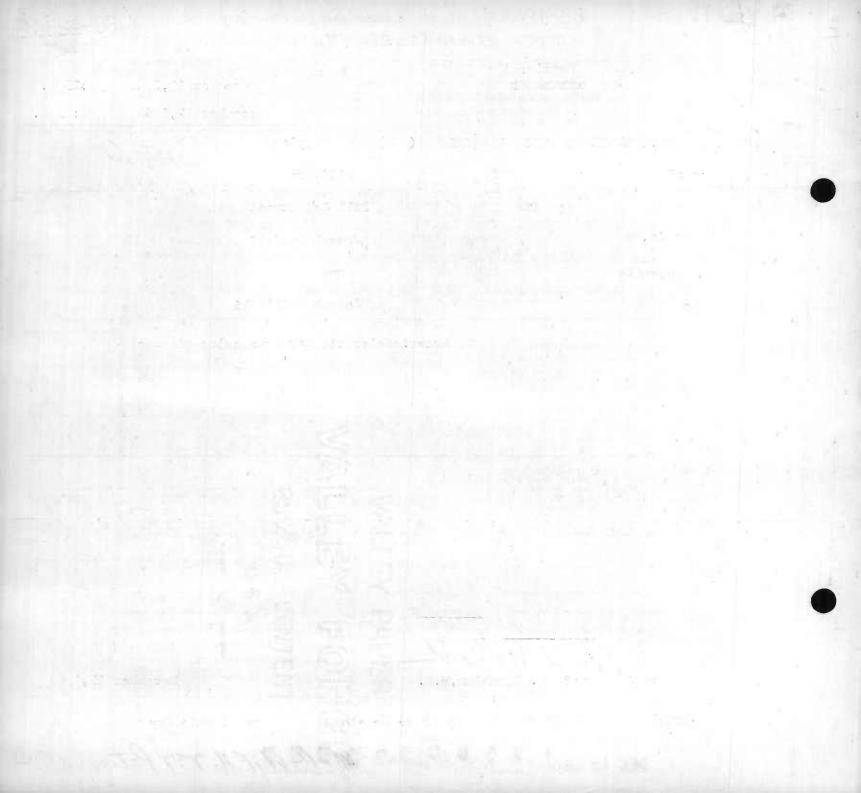


E-545

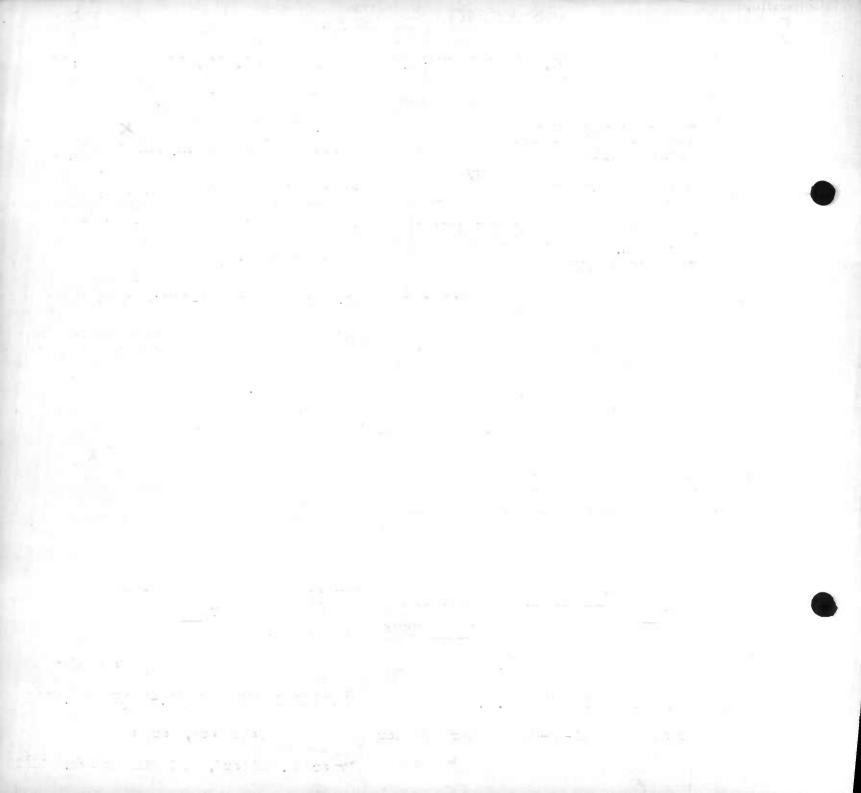
68-12561 BALTIMORE CITY HEALTH DEPARTMENT

68-12561		6	8	-	1	2	5	6	1
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BIRTH NO.	WE	DICAL	EXAMINER'S	LERTIFICATE	OF DEATI	H REG. NO	
1. NAME OF DEC	EASED Emi	linski		2. DATE Known	Month	Doy	Yeor Hour
(Type or Print)	MARY HOUSE	MSKK	,	OF DEATH Estimo	oted December	er 12,1968	9:25 A. M
4. PLACE IN BAL	TIMORE, MARYLAND	WHERE PRO	NOUNCED DEAD	3. DATE	Month	. ,	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU CATION)	UTION, GIVE STREET	PRONOUNCED D	Decembe.	r 12,1968	9:25 A.
SOUTH	BALTIMORE	GENERAL	HOSPITAL (DOA)			B. COUNTY	06
6. SEX Female	7. RACE White	B. MARRIE	D NEVER MARRIED DIVORCED	c. city or town Baltimore		VEST VEST	
9. DATE OF BIRTH	10. AGE	(In years H	Under I Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND NUM 3822 Leo S		11.52	, NO
Belto,	tate or foreign country) 12	CITIZEN OF	13. FATHER'S NAME Joseph Ry	biski		
4A.USUAL OCCU done during most of w HOUSEW	PATION (Give kind of wo	d) 148. KIND C	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAID	EN NAME		TINSTEE.
6. WAS DECEASI Yes, poor unknown)	ED EVER IN U.S. ARN	ED FORCES? es of service)	17. SOCIAL SECURITY NO.	18. INFORMANT Joseph Em	ilinski	ADDRE Sam	
19.11 1 0	4.		CAUSE OF DEA	TH			APPROXIMATE INTERVAL
7/0	7		Arterios	clerotic Car	diovascula:	r Dicasca	BETWEEN ONSET AND DEA
	E OR CONDITION DI LEADING TO DEATH	RECILY	111 001100	ciciotic oai	diovascara	Disease	
	of mean the mode of	dvina, e.a.,	(A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF	E.		h manada C a ann aire sha ann ains ann ains alta-clar-alla CO sha sha sha ann ain ann ain ann ains ann ain ann ain a
heort foilure,	, osthenio, etc. It meons	the diseose,	DUE 10, OK	AS A CONSEQUENCE OF	r:		
injury or com	nplication which caused	geom.)					
AA AA	NTECEDENT CAUSES		(0)				
	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO, OR	AS A CONSEQUENCE	OF:		
RISE TO THE	ABOVE CAUSE (A) S OF CONDITION LAST	TATING THE					
Z			(C)	e de de derece de diver de de ser de de de ser de de de ser de s			
O THE DEA	II IFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERMIN	NG AL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- 	
20A. DATE OF			OR WHICH OPERATION W	AS PERFORMED		21.	AUTOPSY? (Yes or No)
5							no
₹ 22A. EXTERI	NAL CAUSE WAS	122	B. PLACE OF INJURY (e.g.,	in or obout 22C. WHE	RE DID (If in Boltimor	e City, give exact loc	
UNDERLYING UTING CA	OR CONTRIB- USE OF DEATH.	hc	ome, form, foctory, street, offic	e bldg., etc.) INJURY O	CCUR?		
OF INJURY (APPROX.)	(Month) (Day) (Y	eor) (Hour) m	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK 22F. HOW	DID INJURY OCCU	JR?	
23.	if about bold		Inchesting W. A.		Abia basia	dank in my min	1
	ify that I held an	Inquiry 📙			nat an this basis,		IUII
result	red fram: Natural c	auses 🔼	Accident Suicid			ned manner 🔲	
ACTUAL	JRE Musy	1 nk	land M.D	ASSISTANT MI	EDICAL EXAMINER	\mathbf{x}	DATE SIGNED
EXAMINI NAME (T	ER'S Ronald		nblum,M.D.		EDICAL EXAMINER		er 13,1968
24A. BURIAL CREA REMOVAL (Special BULL)	()	16/68	Holy Cross (Gov Rite		county) (State)
25A. DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	2 20 S	OF FH	737 Pa	Lasson Ca
'S 151-REV. 1/1/68	1000	- ULOKAL	<u> </u>	"HILA	xig -11	11	3/17/7/5
					/		111



1		-12562 CERTIFICA	TE OF DEATH	s. No. <u>68-12562</u>
	TH NO.		2, DATE AND HOUR C	DE DEATH
	on or Print)	VILLIAM CHARLES	DEC. 12	
3.	PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	MARYLAND	20-05
IN:	NOITUTION	(ON)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
-	ST AGNES HOSPITAL		BALTIMORE	YES 🔀 NO 🗌
U	CATON & WILKENS AV	Έ	E. STREET AND NUMBER	CIDELI
	BALTO MD 21229		411 S BENTALOU	
5. \$	MALE	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In last birthday	yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IA		WIDOWED DIVORCED DIVORCED	01 29 94 74	12. CITIZEN OF WHAT COUNTRY
	e during most of working life, even if retired)			
	DYE MAKER	J E SMITH CO	MARYLAND	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	CHARLES FLECK		ANNA KRAMMER	
15.	Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Ye	No (If yes, give war or dates	***************************************	CT ACNES DECORDS	CATOM & WILKENC AVE
_	11B, 4 3 3 71	215039088 CAUSE OF DEAT		-CATON & WILKENS AVE
ATION	DISEASES OR CONDITIONS, if on rise to the obove couse (A) s UNDERLYING CONDITION tost. 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRIBUTING	LA CONSEQUENCE OF: LA LOVIE MASSON FO	alure.
ERTIFIC	19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID	in Boltimore City, give exact location)
MEDIO	21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJURY OCCU	R?
	22. I certify that ⅓() (this haspital) that (⅙) (we) last saw the deceased and haur and from the causes states	alive an DEC 12		a DEC 12 19 68 (aur) apinian death accurred an the dat
	23A. SIGNATURE			23B. DATE SIGNED
	- STATE OF THE PARTY OF THE PAR	Att	ending Med. Staff Phys.	12/2/11
	Modera	OFGREE Phy	s. Director Phys	712/68
	23C.PHYSICIAN'S NAME (Type)	OEGREE Phy	23D. ADDRESS	712/68
	23C. PHYSICIAN'S	OEGREE Phy	23D. ADDRESS WILKENS & CATON A	AVESBALTO MD.21229
24#	23C. PHYSICIAN'S NAME (Type) ROBERT WIDMEYER BURIAL CREMATION, 124B, DATE	OEGREE Phy	23D. ADDRESS WILKENS & CATON A	AVESBALTO MD.21229 (City, town, or county) (State)
	23C. PHYSICIAN'S NAME (Type) ROBERT WIDMEYER	M.D. OEGREE 24C. NAME of CEMETERY OF CR	23D. ADDRESS WILKENS & CATON A EMATORY 24D. LOCATION	



68-12563 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	6	8-	-1	2	5	6	3
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
(Type or Print) ANTHONY VACCARO ST.	OF DEATH Estimoted December 14, 1968 4:30 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	December 14, 1968 4:30 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. CQUNTY
St. Agnes Hospital	A. STATE Maryland B. COUNTY 53-00
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED E INEVER MARKIED	
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER cherry Cell
6/22/19/6 lost birthdoy) Months, Doys, Hours, Min.	213 Cherrydale Road 2/118
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	De la la la contra
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15 MOTHER'S MAIDEN NAME
done during most of working life, even if retired	MOTTER'S MINISTER TRAINE
Berght Conductor Vennoghvaned Rayrage	mary Consalvo
16. WAS DECEASED EVER IN U.S. ARMED FORCES/ (Yes, no or unknown) (II yes, give war or dates of service) 17. SOCIAL SECURITY NO	IB. INFORMANT ADDRESS
(Yes, no of unknown) (II yes, give war or dates of service) SECURITY NO.	Dere from me il avec solove
V19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
1 E 800,0 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Multiple severe injuries
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CC)	AS PERFORMED 21. AUTOPSY? (Yes or No)
00	No
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
O INDEPLYING MOR CONTRIB. home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR? Proctor-Silex Co.
UTING CAUSE OF DEATH. 2 22D TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	Wilkens Ave. (Railroad Siding) 22F. HOWDID INJURY OCCUR?
OF INJURY 10 5 60 0 25 D	
(APPROX.) 12-5-68 8:35 P. WHILE AT X NOT AT W	WHILE Riding on side of train, caught between
23.	building and side of train
I certify that I held an Inquiry Inspection X Au	
resulted fram: Natural causes Accident Suicid	tapsy and that an this basis, death in my apinian
Accident Constitution of the Constitution of t	
	He Homicide Undetermined manner
ACTUAL ()	He Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE CLEAN M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	He Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.	He Homicide Undetermined manner D CHIEF MEDICAL EXAMINER D ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER December 15, 1968
SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	He Homicide Undetermined monner D CHIEF MEDICAL EXAMINER D ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER December 15, 1968
SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.	He Homicide Undetermined monner Determined Monne
SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify)	THE Homicide Undetermined monner Determined Monn
SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 23A. DATE REC'D BY HEALTH DEPY. 25B. NAME OF REGISTRAR	He Homicide Undetermined monner Determined Monne
SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify)	THE Homicide Undetermined monner Determined Monn
SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 23A. DATE REC'D BY HEALTH DEPY. 25B. NAME OF REGISTRAR	THE Homicide Undetermined monner Determined Monn

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	BALTIMORE CITY	HEALTH DEPARTMENT		CO AGEDA
68-	12564 CERTIFICA	TE OF DEATH	REG. NO.	68-12564
I, NAME OF DECEASED	100010111101		AND HOUR OF DEATH	
(Type or Print)		2. DATE		
PARR, LILA	T democratical desired	A LISUAL RESIDENCE (V	12-12-68	8:45 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	E PRONOUNCED DEAD	A. STATE B. CO	UNTY	
FULL NAME OF (IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	MARYLAND	, BALTIMOR	EG 53-00
HOSPITAL OR ADDRESS OR LOCATION	N)	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
ST. AGNES HOSPITAL		BALTIMOR	E	YES NO
MILKENS & CATONS AL	VE BALTO.MD.	E. STREET AND NUMBER	?	
		108 BIRC	HWOOD RD.B	ALTO.MD. 21228
5. SEX 6. RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tn years last birthday)	If Under 1 Yr. If Under 24 Hrs.
FEMALE WHITE WI	IDOWED XX DIVORCED	12-16-83	84	10000
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during mast of working life, even if retired)				
RETIRED		MARYLAND		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
ALBERT WEBSTER	DEC 'D	CORNELIA	(Unknown) WEBSTER DEC'
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no ar unknown) (If yes, give wor ar dates of	service) SECURITY NO. 213-03-339	CT ACNEC	DECORD - W	LIKENS S CATON
			KECUKU - W	ILKENS & CATON
18. / 5 3, 3	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	/LY	1	1.	
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Caranon	a, Sigmi	na
(This does not meen the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., DUE TO, OR AS , diseose,	A CONSEQUENCE OF:		
injury or complication which coused deat	th.)	stinal Ob A CONSEQUENCE OF:		
ANTECEDENT CAUSES	18 Site	stimal OG	2 mickin	
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:		•
rise to the obove couse (A) state UNDERLYING CONDITION lost.	ting the Cales	in Wesuta	Wear & de	10 20
	(c). 900000		7,2000	
2 /53.3 II	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (A				
		20 A. AUTOPSY? (Yes or	Not 208 IF YES WEDE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM		1/4	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	a or about 21 C WHERE DID	// // Daltima	are City, give exact lacotion
OR CONTRIBUTING CAUSE OF	hame, farm, foctory, street, of	fice bldg., INJURY OCCUR	?	are City, give exact lacotion)
U	etc.)			
OF INJURY (Month) (Doy) (Year) (Ho	aur) 21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	While At Not While At Work			
00 1 (1) (1) (1)		-24	19 68 ta 1	2-12 19 68
22. I certify that (IX(this haspital) att		40		
that (I)(We) last saw the deceased al	live an 12-12-6	196.8and	that in ()(1)) (aur) ap	oinian death occurred an the date
and havr and from the causes stated a	abave. 💢 (We) (did) (d(d)(n)(t)) v	iew the bady after deat	th.	
23A. SIGNATURE				23 B. DATE SIGNED
R. 10, 17/	Tuno (50) Atte	nding Med. Director	Staff Phys.	12-12-68
23C. PHYSICIAN'S	- / - C	23D. ADDRESS	- 111/2: 34-3/	12-12-00
NAME (Type)				
DR. LUNA	M.). DEGREE	WILKENS &	CATONS AV	E
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (City, town, ar county) (State)
Buria1 12-14-68	Lorraine Park Cer	metery	Woodlawn, Bal	timore, Maryland
	NAME OF REGISTRAR	125C. TUNERAL DIRECT	TOR	ADDRESS
MAG 16 1968 (R)	lub & tartents.	Howard H.	Hubbard 4107	Wilkens Ave. 21229
	And a second			

VS 150-REV. 1/1/68

§ Section 1 WARRING SHE MARKED arteriorisation their stranger Latin days to ...

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BALTIMORE CITY HEALTH DEPARTMENT

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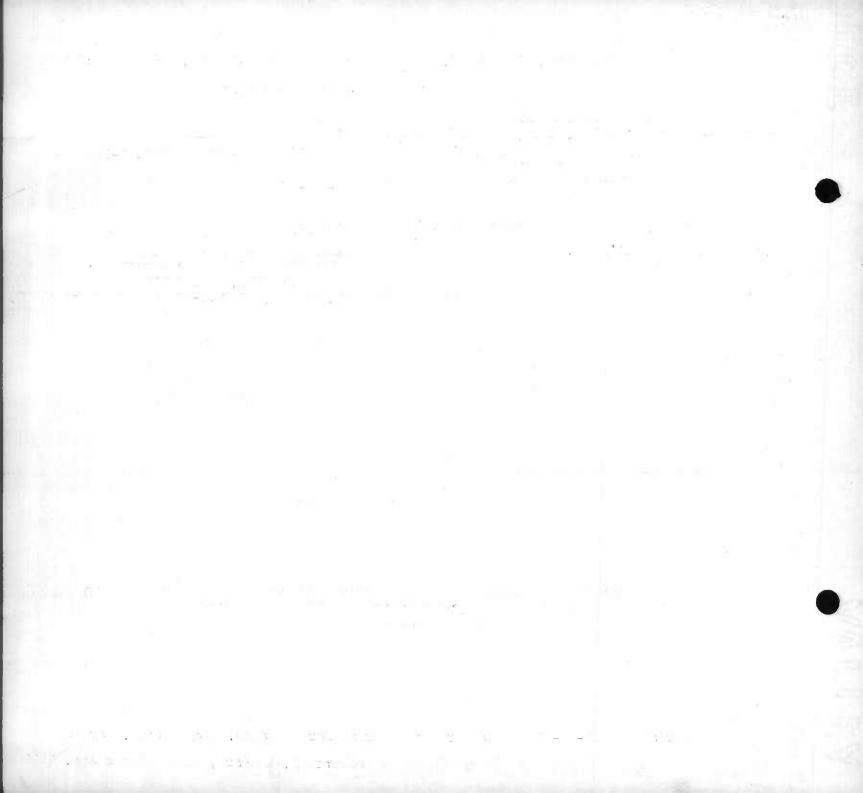
FUNERAL DIRECTOR: IMPORTANT

	6	R-194	BALTIMORE CITY	HEALTH DEPARTMENT		00 40500
RIDTL	I NO.	O-TS.	66 CERTIFICA	TE OF DEATH	REG. NO) 68-12566
1, NA	ME OF DECEASED		P. Park I	2. DATE	AND HOUR OF DEAT	Н
(Туре	or Printl ANINIAG (-LIC	K		12/11/0	8 750 PM	
3. PL	ANNAG (-LIC	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
HOS	NAME OF (IF NOT IN HOSP PITAL OR ADDRESS OR LOC ITUTION	ITAL OR INST	ITUTION, GIVE STREET	C. CITY OR TOWN	ND Bal	ISIDE CITY LIMITS?
M	ARYLAND GENERA	L HOSI	PITAL	E. STREET AND NUMBER	AIII WITH	YES NO
	8			1-1-00 P94	TOTAL THE	₩E 2/229
5. SE	F 6. RACE	7. MARRIEI	D NEVER MARRIED DIVORCED	7/16 95	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of we		OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTE
	during most of working life, even if retired N6N€)		BALTIMORE		USA
13. FA	ATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	JACOB BACH			BRUNNER		
15. W	as Deceased Ever in U. S. Arm'ed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	no or unknown) (If yes, give wor or do	ites of service		4-12-13-1-	22-1	4 40 - 1 - 4 4 4
	NO B O O I		2/2-32-/96/ CAUSE OF DEATI	MARGARET GER	BEN	1100 MARYLAND AVE
"	179,0		CAUSE OF DEAT	п		BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DEATH			0.1=	0.10(0.0.4	7 40 - 4 - 4
- (This does not mean the mode		(A) IMMEDIATE CAL	ISE PNEUMON AE A	ANAHAKCA	TMONTH
ŀ	neort failure, asthenio, etc. It mear	s the diseas	e,	A CONSEQUENCE OF:		
1	njury or complication which cause		0.42			24.7000
	ANTECEDENT CAUSI		(B) CARCINO	MATOS LI A CONSEQUENCE OF:		3 YEARS:
	DISEASES OR CONDITIONS, if ise to the above cause (A		3	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	, sidning in				
	199.2.11			·		
F 1	OTHER SIGNIFICANT CONDITIONS CONTROL	THE TERMINA	ARTERIOSEL	EROTIC HENRY	DISCASE	10 YEARS
U 1			WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIF	0			no.	III CERIII IIII O	CAUSES OF BEATH!
AL	PLA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	h	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, of c.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)
2	ID. TIME (Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
>	APPROX.)		Vhile At Not While	e 🗖		
,	AFFROX!	V	Vork At Work			
	2. I certify that (I) (this haspit				19ta	19
1	hot (1) (we) last sow the deceo	sed alive an	+000-7-7-000-01-7-000-0	19and	that in (my) (our) a	pinian death occurred an the de
0	and hour and from the causes st	ated obove.	(I) (We) (did) (did nat) v	riew the body after deat	h.	
2	3A. SIOTATURE	1	0			23B, DATE SIGNED
	1) 0) 1	Mn	July Q D Atte	ending Med. Director	Staff Phys.	
2	3C. PHYSICIAN'S	1 40	AAA TI ADEGREE	23D. ADDRESS	,	
	NAME (Type)	6	HAVE ZMD			
244	PUBLIC CREMATION ISAR DATE	40	MAAA CEATTER	EAA A TORY	10 CATION	(Fib. town or county) (Fr. 1)
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		NAME of CEMETERY OF CRI			(City, town, or county) (Stote)
	Burial 12-14-	68 1.1	New Cathedral			Baltimore, Md.
25A.	DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C UNERAL DIRECT	OR)	ADDRESS
	DEC 1 6 1968	1 0 O.	52 Farbertis	Howard H. H	ubbard 4107	Wilkens Ave. 21229
VS 15	50-REV. 1/1/6B	A POPULAR				

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VS 150-REV. 1/1/6B



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68-12568BALTIMORE CITY HEALTH DEPARTMENT

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U	U		L	1	U	O	С

BIRTH NO.	MEI	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO.	
1. NAME OF DECEASED (Type or Print) CHARLES JONES			2. DATE Known	Manth Doy	Yeor Haur
			OF DEATH Estimated	December 14, 1	1968 м.
4. PLACE IN BAL		WHERE PRONOUNCED DEAD	3. DATE	Month Doy	Yeor Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPI ADDRESS OR LOC		PRONOUNCED DEAD		1968 7:30 А. м.
OR INSTITUTION		(DOA)	5. USUAL RESIDENCE (Whe	ere deceased lived. If institution: re B. COUNTY	esidence befare admission)
South	Baltimore G	eneral Hospital	Maryland	0. 000111	7-
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY	LIMITST
Male	Negro	WIDOWED DIVORCED] Baltimore	YES	NO NO
9. DATE OF BIRT	Last histha	(In years If Under 1 Yr. If Under 24 Hr Manths, Doys, Haurs, Min	s. E. STREET AND NUMBER		
12/2/18	397 7			11 Avenue	
11. BIRTHPLACE (S	State or fareign cauntry)		13. FATHER'S NAME		
Enporia,	Virginia	WHAT COUNTRY?	Stephenson	Jones	
14A.USUAL OCCU	IPATION (Give kind of wor warking life, even if retired	k 14B. KIND OF BUSINESS OR INDUST			
B&O Rai			Hanna		
16. WAS DECEAS	ED EVER IN U.S. ARMI	ED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADD	RESS
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	227-07-149	7AWilna Jones	210 Seagull .	Ave.
19.4	1,24	CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY Hyperte	nsive and arteri	osclerotic	
	LEADING TO DEATH	(A)IMMEDIATI	11	vascular disease	a
(This does n	at mean the made of c	ying, e.g., DUE TO. O	R AS A CONSEQUENCE OF:		
injury ar con	nplication which coused d	eath.)			
DISEASES O	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE	R AS A CONSEQUENCE OF:	-i	
Z	- V	(c)			
O TO THE DE	II NEFICANT CONDITIONS OF ATH BUT NOT RELATED TO RECONDITION GIVEN IN	O THE TERMINAL	Ar 400 000 0 000 0 000 0 000 0 000 0 000 0 0		MARKA (#4888889999 A A A A A A A A A A A A A A A
20A. DATE O		ONDITION FOR WHICH OPERATION	WAS PERFORMED	2	1. AUTOPSY? (Yes or No)
0					No
UNDERLYING	NAL CAUSE WAS O OR CONTRIB- AUSE OF DEATH.	22B. PLACE OF INJURY (e. hame, form, foctary, street, a	g., in ar about 22C. WHERE DII fice bldg., etc.)	(If in 8oltimore City, give exact	
			22F. HOW DID	NJURY OCCUR?	
23.		m,			
I cert	tify that I held on	Inquiry Inspection X	Autapsy and that on	this bosis, deoth in my op	inion
resul	ted from: Notural co	suses X Accident Suic	ide Homicide	Undetermined monner	
	01.	0 1	CHIEF MEDICA	L EXAMINER	DATE SIGNED
SIGNAT		1 J. J. Tu	ASSISTANT MEDICA	L EXAMINER X	
EXAMIN	IER'S Charle	s S. Springate, M.D.	ASSOCIATE MEDICA	L EXAMINER Decer	mber 15, 1968
NAME (Type)			D. LOCATION (City, town, o	
REMOVAL (Spec		24C. NAME OF CEMETER	Z4	c. LOCATION (City, 10Wh, C	(Stole)
Burial	12/17	7/68 Cook Cemet	ery E	nporia, Virgi	
2SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIREC	CTOR ADD	DRESS
	国际 中,15 15 65	TELEST 8, days, m	Charles A	. Rice 661 W	. Barre St.

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IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150~REV. 1/1/6B

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ITY HEALTH DEPARTMENT	08-12572
ATE OF DEATH REG.	NO.
	DEATH
A. STATE B. COUNTY	This month, residence before outwissing
MARYLAND	15-02
C. CITY OR TOWN	D. INSIDE CITY LIMITS?
BALTIMORE	* YES NO 🗌
E. STREET AND NUMBER	
1720 N. FULTON A	VE
B. DATE OF BIRTH 9. AGE (In ye	ors If Under 1 Yr., If Under 24 H
7-26-00 68	Months Doys Hours Min.
TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
	4 4 4 4 4 4 4
Maryland	U.S.A.
14. MOTHER'S MAIDEN NAME	
MARY ROSS	ADDRESS
17. INFORMANT	ADDRESS
Mable High	same
ATH	APPROXIMATE INTERVAL
Probable Hypoglycem	BETWEEN ONSET AND DEA
0	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
no n contact de con	A SOLUTION AND ADDRESS OF THE PARTY OF THE P
nemea	
AS A CONSEQUENCE OF:	
milean TB	
/	West findings government
ZUA. AUTOPSY? (Yes or No) 208. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
yes	
g., in or obout 21 C. WHERE DID (If in	Boltimore City, give exoct location)
21E. HOW DID INTURY OCCUP?	
ork	
12/11 10 40	12/13 19.49
	/
	our) opinion deoth occurred an the d
t) view the body ofter death.	
	23B. DATE SIGNED
Attending Med. Staff	12/13/68
	Λ'
	ekine
CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Cem. Balto	. Md.
25C. FUNERAL DIRECTOR V.R.	Bailey ADDRESS
the many than the soul of	N. Calhoun St.
	2. DATE AND HOUR OF 12/13 /66  4. USUAL RESIDENCE (Where deceosed live A. STATE B. COUNTY MARYLAND  C. CITY OR TOWN BALT I MORE  E. STREET AND NUMBER 1720 N. FULTON A  B. DATE OF BIRTH 9. AGE (In yellow) 5 birthdoy) 7-26-00 68  TRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  MARY ROSS  17. INFORMANT  B. Mable High  ATH  Probable Hypoglycem:  CAUSE AS A CONSEQUENCE OF:  120A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY  9. in or obout 21 C. WHERE DID (If in office bidg., INJURY OCCUR?  While Ok 19 de dath.  121F. HOW DID INJURY OCCUR?  While Ok 21F. HOW DID INJURY OCCUR?  While Ok 24D. LOCATION

nded record from JHH (Mrs. Branch) Maxed

	6	8-123	CEDTIFICA	TE OF DEATH	REG. NO	00 12070
BIRTH NO.			CERTIFICA			
1. NAME OF DI (Type or Print)		. 77.			AND HOUR OF DEATH	
	Wye, Mary				-12-68	12:40 a.,
3. PLACE IN B.	ALTIMORE, MARYLAND, V	HERE PRONOL	JNCED DEAD	A. STATE B. COL	UNTY	institution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		14-03
HOSPITAL OR				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	Provident Ho	-		Baltimore		YES 🔼 NO 🗌
29	1514 Divisio		t	E. STREET AND NUMBER		
	Baltimore, M			206 Druid Hi		2006
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Manths: Days Hours Min.
Female	Negro	WIDOWED		7-1-04	64	
	CUPATION (Give kind of wor of working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNT
Unemplo				Pennsylvani	ia	U. S. A.
3. FATHER'S N	•			14. MOTHER'S MAIDEN N		
5 Was Dage	sed Ever in U. S. Armed Fo	?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dot		SECURITY NO.	Miss Mary Agr	nes Hell 20	6 Druid Hill Ave.
no			?	(Sister)	Ba	lti., Md. 21217
1B. L/	36.0		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION DI	RECTLY	1	· Cerebro-Vascu	lar Acciden	t BETWEEN ONSET AND DEA
	LEADING TO DEATH	,		1		
	s not mean the mode of		DUE TO, OR AS	use (Brain Sten A CONSEQUENCE OF:		
	re, asthenia, etc. It means complication which coused			. Severe Hypert	ension Labi	le
	ANTECEDENT CAUSES		3	. Hypertensive	Arterioscle	rotic
DISTAGES			(B)	A Consequence	ar Disease	
	OR CONDITIONS, if the obove cause (A)		4	. Arrhythmia au	ricular fib	rillation or/slow
	ING CONDITION lost.			Ventricular		
2.3	1 X II			. Diabetic Mell		
TO THE DE	NIFICANT CONDITIONS CO	THE TERMINAL		. Generalized A		osis
	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
19A.DATE	WASTER	TO KIVIED			III OLKIII IIII O	A0323 01 DIAM.
U 21A. ACCI	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY le.g.,	in or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)
₹ DEATH (no	otify medical examiner	etc.		mee orage mason occor.		
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S OF INJURY		Wh	ile At 🗀 Not Whi	le 🗀		
(APPROX.)		Wo	rk L At Work			
	ify that (I) (this haspito			12-4-68	19 to 12.	-12-68 19
that (I) (w	ve) last sow the deceas	ed alive on	12-12-68	19and	that in (my) (our) of	pinian deoth occurred an the do
and haur	ond from the couses sta	ted obave. (I	) (We) (did) (did not)	view the bady ofter deot	h.	
23A. SIGNA		0	,,,,,,			23B, DATE SIGNED
(In	(MAIRA) 8	2001-	AH AH	ending Med.	Staff	12-12-68
23 C BLIVEL	CLANES	acapy	DEGREE Phy	ys. — Director —	Phys. L	
23 C. PHYSIC	E (Type)	2	7	200 11	Payson Str	
	Asuncion Pal	afox, M	. D. DEGREE	33 Dundalk Ave	Baltimo:	re, Maryland No. 2:
24A. BURIAL C	REMATION, 24B. DATE L (Specify)	24C. N	AME of CEMETERY of CR		LOCATION	City, town, or county) (State)
200		60			Balto.,	Md,
25A. DATE REC		25B ANAME (	ewoCathena.	250 FUNERAL DIRECT	T# Th Th	Alley Address
	MEA, 1 8 196	o Orlan	5 E. FarterA			lhoun Street
		1 1 1 1 1 1				

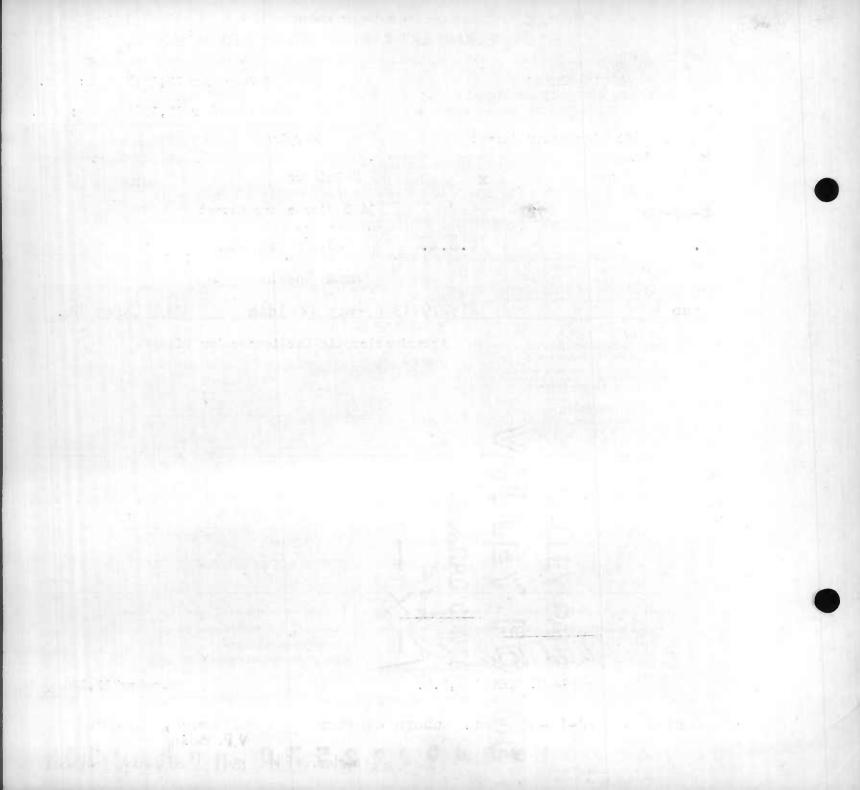
meion Palafox, M.

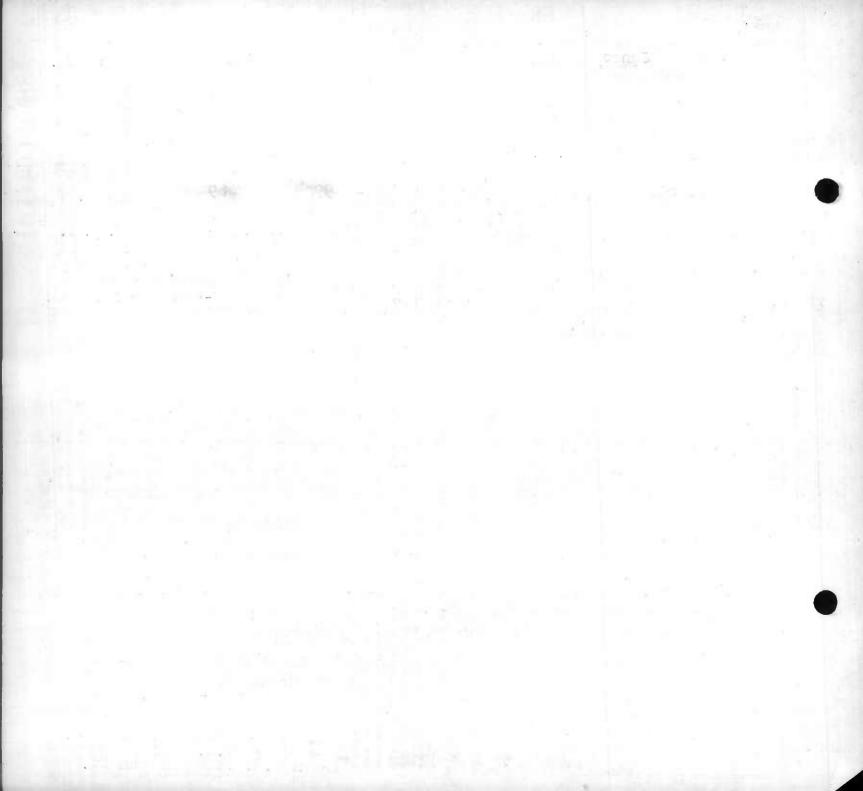
## 68-12574 baltimore city health department

68-12574

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		MILD	ICAL		WIII VER O		CAILOI	DEATH	REG. NO			
NAME OF DECEASED						2. DATE	Known	Month	Doy	Yeor	Hour	
(ype or Print) SAMUEL SPEAKS						OF DEATH	Estimoted	December	12,19	68	8:00	Pe M
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Year	Hour	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)  RINSTITUTION					JNCED DEAD	December			8:00	Μ.		
	1403 Wi	nchest	er St	reet		A. STATE	Marylan	d B. C	OUNTY	residence b	etore odmis	sion)
SEX 7. RACE B. MARRIED NEVER MARRIED						C. CITY OR	TOWN	19.	INSIDE CIT	LIMUS?	1-	
Male	Negro		WIDOW		DIVORCED	Balt	imore	/	YES	<b>元</b>	NO 🗆	m   Luan
DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.						E. STREET	ND NUMBER		163	62	40 L	
6-27-96			72-	Months	Doys Haurs Min.		Vincheste:	r Street				
1. BIRTHPLACE (	State ar fareig	in country)			ZEN OF	13. FATHER	SNAME					
ld.				T.	S.A.	Go:	ldie Duc	ckett				
			14B. KIND	OF BUS	INESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
one during most of v	warking lite, eve	en irrefired)				Emm	Speaks	3				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17	SOCIAL SECURITY NO.	18. INFORM		,	ADI	DRESS		
	(If yes, give w	var or dates	of service)	2	19079713	140 222	y Mouldi	~	1704	Cama	GT	
119. 1 1 1	2 11			~	CAUSE OF DEA		y Moulus	_11	1/04		y St.	TERVAL
TIX	0175										EEN ONSET A	ND DEATH
	E OR COND		CTLY		Arterios	cleroti	c Cardio	vascular	Diseas	e		
	LEADING TO not meon the		05.05		(A)IMMEDIATE C	AUSE						
heart failure	e, osthenio, etc.	. It means the	diseose,		DUE TO, OR A	S A CONSEQ	UENCE OF:					
injury or cor	mplication whic	th caused dea	itn.)									
A	NTECEDENT	CAUSES			(B)				1			
DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
	E ABOVE CAT NG CONDITI		ING IHE		(a)							
5	, ,		100		(C)							
TO THE DE.	VIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI		100000000000000000000000000000000000000		28 80 80 80 80 80 80 80 80 80 80 80 80 80				·····	
				FOR WH	ICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
5 0										no		
₹ 22A. EXTER	NAL CAUSE	WAS	T-	22B PLA	CE OF INJURY (e.g.,	in or about 2	2C WHERE DID	(If in Boltimore Ci	ly give evect	location		
UNDERLYING UTING CA	OR CON	TRIB-		ham e, for	m, foctory, street, office	bldg., etc.)	NJURY OCCUR?	(II III BOIIIIIIOTE CI	iy, give exoci	racanany		
OF INJURY	(Month) (D	oy) (Yeor	) (Hour	) 22E.1	NJURY OCCURRED	2	2F. HOW DID IN	JURY OCCUR?				
(APPROX.)				m. WHIL		WHILE ORK						
23.				7 .								
l cert	tify that I he	eld on li	nquiry L	_ <u>In</u>	spection X Au	topsy 🔲	and that on	this basis, dea	th in my o	pinion		
resul	ted fram: N	atural cau	ses X		dent Suicid		omicide 🗌	Undetermined		]		
		)	111	17	0/		CHIEF MEDICAL	EXAMINER .			DATE CION	IFD
SIGNAT		well	U	Van	bh.	ASSI	STANT MEDICAL	EXAMINER E			DATE SIGN	AED
EXAMIN	TD.C		,		- IVITED	ASSC	CIATE MEDICAL	EXAMINER				
NAME (	Type) K		N. Ko		um,M.D.						3,1968	_
4A. BURIAL CRE	MATION, 2	4B. DATE		24C. N	JAME of CEMETERY	or CREMATO	DRY 24D	LOCATION	(City, town,	or county)	(Stot	e)
Burial	1	12-18-	-68	Mt	. Auburn			Baltimo		aryl	and	
5A. DATE REC'D	BY HEALTH I	DEPT.	25B. N.	AME OF	REGISTRAR D	2 201	S F LO	12/16 (	LON AD	DRESS	Die	+
				n 4	0 100	THE PARTY	DUIT I M	1041	MAN	UNU	- CICI	1_





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## 68-12577 baltimore city health department

68-12577

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
1115516115			

BII	RTH NO.		WED	ICAL	EX.	AMINER'S	LEKTIF	CATE OF	DEAT	H REG. NO			
1. NAME OF DECEASED							2. DATE	Known K	Month	Day	Year	Hour	
(Type or Print) VERNON WEST						OF DEATH	Estimated 🗌	Decemi		1968		м.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Manth	Day	Year	Haur	1,			
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					RESIDENCE (Where			1968	3:15			
	00 28	806 W	Mulher	rv St	ree	+	A. STATE	Maryland		B. COUNTY	Testaence c	serare damis	
2806 W. Mulberry Street  6. SEX 7. RACE 8. MARRIED NEVER MARRIED				C. CITY O			D. INSIDE CIT	WMITS?	-	7			
	Male	Negr	°O	WIDOW		DIVORCED		Baltimore		1	5 K	NO [	Sec.
9.	DATE OF BIRTH		10. AGE (II	years	If Unde	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			3 (62)	,,,,	
	8-10-	15	last birthda		Months	Days Hours Min.		2806 W. M	ulberr	v Street			
11.	BIRTHPLACE (S	tate ar fareig	n country)			IZEN OF	13. FATHER						
	Md.				WI	HAT SOUNTRY?		Edgar We	st				
dar	USUAL OCCUP	PATION (Give	e kind of work	14B. KIND	OF BU	SINESS OR INDUSTR			ME	144	=		-71
-	Musie:	ian	en mremedy				R	uth Ault	on				
16. (Ye	WAS DECEASE s, no ar unknawn)	D EVER IN	U.S. ARMED	FORCES	? 1	7. SOCIAL SECURITY NO	18. INFOR	MANT		AD	DRESS		
				,		155099307	Nan	ie West	554	same	9		
	19. 3 9	CX				CAUSE OF DEA	TH					PROXIMATE IN	
	DISEASE	OR COND	ITION DIRE	CTLY									
	L	EADING TO	DEATH			(A)IMMEDIATE O	CAUSE Rhe	umatic he	art dis	sease			
	(This does no heart failure,	at mean the asthenia, etc.	made of dy	ing, e.g., disease,		DUE TO, OR	AS A CONSE	QUENCE OF:					
	injury ar cam	plicotian whic	h caused de	ath.)									
	AN	ITECEDENT	CAUSES			(B)							
	DISEASES O			GIVING		DUE TO, OR	AS A CONS	QUENCE OF:					
7	UNDERLYIN	G CONDITI	ON LAST.	IING IHE		(C)							
O	1116	X	11			(0)							
MA	TOTHER SIGN	FICANT CON	II	ONTRIBUT	ING								
F	TO THE DEA	CONDITION	GIVEN IN P	THE TERMI	NAL								
CERTIFICATION	20 A. DATE OF	OPERATION	1 20B. COT	NOITION	FORW	HICH OPERATION W	NAS PERFORMED 21. AUTOPSY? (Yes or Na)						
	-2											Yes	
MEDICAL	22A. EXTERN	VAL CAUSE			22B. PL	ACE OF INJURY (e.g., arm, factory, street, affic	in ar about	22C. WHERE DID	(If in Baltimar	e City, give exac	t lacation)		
EDI	UNDERLYING UTING CAL				nume, a	orm, raciary, sireer, arric	e blug., etc. j	TOOKT OCCUR!					
Σ	OF INJURY	Manth) (D	ay) (Year	·) (Haur	'	INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	JR?			
	(APPROX.)				m. WHI		VORK						
	23.	fy that I he	eld on 1	nquiry [	]	nspection Au	topsy 🔀	ond that on t	his bosis,	deoth in my d	pinion		HILE
	result	ed from: N	oturol cou	ses 🕅	Acc	ident Suicio	de H	omicIde 🗌	Undetermin	ned monner			
		01	0	1	1)	. 1		CHIEF MEDICAL I					
	ACTUAL	- (h	0	1. 5	5	Tet un	ASS	ISTANT MEDICAL I	EXAMINER	X		DATE SIGN	1ED
	SIGNATU		02100	C Cm	non	M.D		OCIATE MEDICAL I	XAMINER	□ Dea	a la a sa	10 10	060
	NAME (T	OTI	aries	5. SP		gate, M.D.				_ Dec	ember	12, 1	700
RE	A. BURIAL CREM MOVAL (Specif	y)	4B. DATE			NAME of CEMETERY		ORY 24D.	LOCATION				e)
	Burial		2-16-	-68		Carver Mem			Laur		ryla:	nd	
25	A. DATE REC'D I	BY HEALTH I	DEPT.	25B. N.	AME O	F REGISTRAR		FUNERAL DIRECT			PRESS	TEDL	
		NMA 4 11	1000	00	-	O FOR MA	Ke.	lson F.H	1348	3 Calho	oun S	t.	
_		33-1-1	45.3	Til V	- 0								

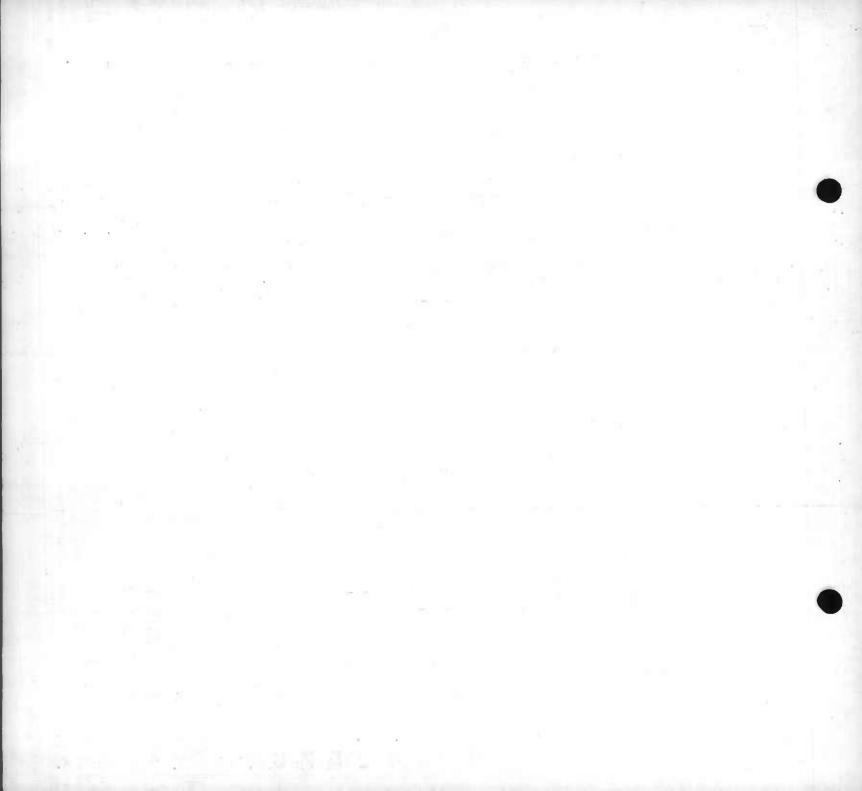
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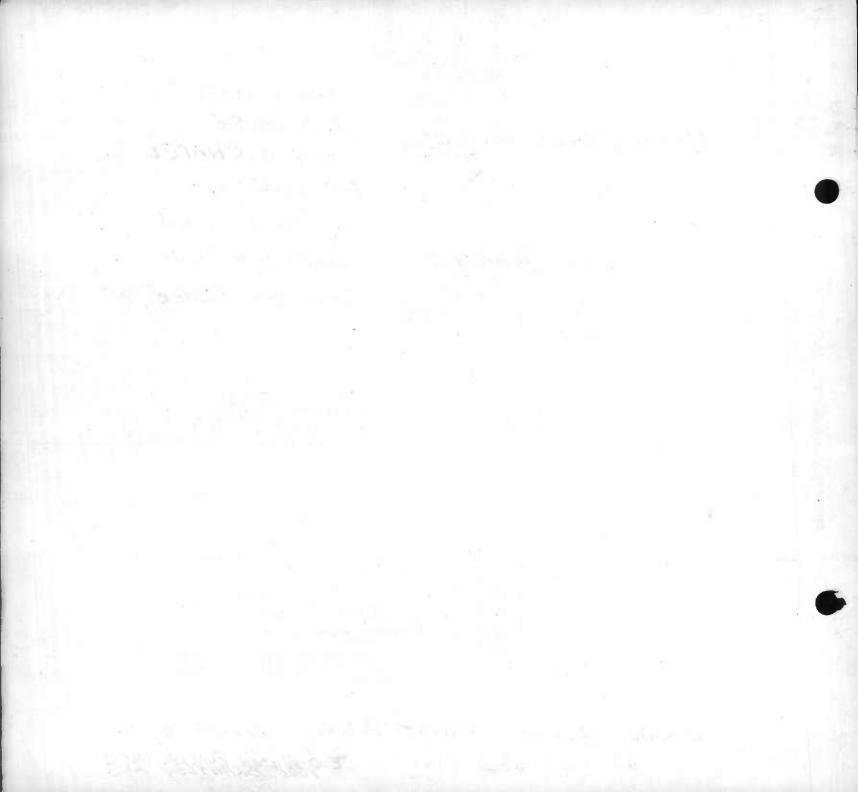
## 68-12578 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	AL EXAMINATION	REG. NO.
1. NAME OF DECEASED		2. DATE Known X Month Doy Yeor Hour
(Type or Print) ULYSSES U.	SHIELDS	OF DEATH Estimoted December 11, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  OR INSTITUTION	NSTITUTION, GIVE STREET	PRONOUNCED DEAD  December 11, 1968 10:45 A _M 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
4 Lutheran Hospital		A. STATE B. COUNTY Maryland
6. SEX 7. RACE B. MA	ARRIED 🗌 NEVER MARRIED 🗍	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WID	OWED DIVORCED	Baltimore / YES X NO
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 5-6-36 32	If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.	
5-0-30 32	12. CITIZEN OF	3315 Gwynns Falls Parkway
D.C.	WHAT COUNTRY?	John Sheilds
14A.USUAL OCCUPATION (Give kind of work 14B. K	IND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Welder		Carrie Roberts
16. WAS DECEASED EVER IN U.S. ARMED FOR		18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	rice) SECURITY NO.	Carrie Sheilds same
19. // //	CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		clerotic cardiovascular disease
LEADING TO DEATH	(A)IMMEDIATE	
(This does not mean the mode of dylng, e. heart foilure, asthenia, etc. It means the disease	9., DUF TO, OR	AS A CONSEQUENCE OF:
injury or complication which caused death.)		
ANTECEDENT CAUSES	(B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING		AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST.	(c)	DTV00000 00 00 00 00 00 00 00 00 00 00 00
2 4221 11		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL	
DISEASE OR CONDITION GIVEN IN PART 1		AS PERFORMED 21. AUTOPSY? (Yes or No)
5		
Z22A. EXTERNAL CAUSE WAS	228 PLACE OF INITIPY (e.g.	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (HOT INJURY	lour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.)		WHILE CONTROLL CONTROL CONTR
23.  I certify that I held an Inquir		
resulted fram: Natural causes	X Accident Suicio	
ACTUAL OL AS	2:1	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S.	Springate, M.D.	ASSOCIATE MEDICAL EXAMINER December 12, 1968
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE	24C. NAME of CEMETERY	
REMOVAL (Specify) Burial 12-16-6	8 Abbutus Ne	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTORY . R. Baileapdress
TEC 17 1968 (P.)	Ooka Jahuna	Kelson F.H. 1348 Calhoun St.
VS 151-REV. 1/1/68		4 2 5 7 4

The same appropriate to the later of the

				Y HEALTH DEPARTMENT		68-12579
DIDTH NO	6	8-1257	79 CERTIFICA	TE OF DEATH	REG. NO	00 12073
BIRTH NO.					AND HOUR OF DEATH	
(Type or Print)	Lucy 1	Imes			2-10-68	7:05 p*
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD		nere deceased lived. If	'nstitution: residence befare admissia
	45 NOT IN 1104	NT41 OR INICEIE	TON OUR STREET	Maryland	/	1-17
FULL NAME OF			JTION, GIVE STREET	C. CITY OR TOWN	IN INI	SIDE CITY LIMITS?
NOITUTITEN	Provident Ho	spital			9.10	YES NO
-20	1514 Divisio			Baltimore E. STREET AND NUMBER		TES 4 NO
37	Baltimore, M			3327 Alto	Road	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Female	Negro	WIDOWED		2-2-85	last birthday)	Manths Days Hours Min.
IOA. USUAL O	CCUPATION (Give kind of w	ork 10B. KIND OF		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNT
	of working life, even if retired					**
	mployed	?		Virginia		U. S. A.
3. FATHER'S N	IAME	77	,	14. MOTHER'S MAIDEN NA	AME	
	Squire	Johnson		Marg	aret Foste	er
5. Was Deceas	sed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT Mrs	Hilda Bran	ch ADDRESS
no	(If yes, give war ar d	ules at selvice)	212 -07-6003	(daugh	nter)	Same
1B.2 5	20 41		CAUSE OF DEAT	TH ,		APPROXIMATE INTERVAL
	ASE OR CONDITION	DIRECTLY	Quelot.	Mellitus wi	The Aunum	BETWEEN ONSET AND DEA
Dist	LEADING TO DEAT		gianeus	proceed us with	La at	2 weeks
(This does	s not mean the mode	of dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	7001	2 meps
heort failu	re, osthenio, elc. It meo	ns the diseose,	DOL TO, OK AS	A CONSEQUENCE OF.		
Injury or o	complication which caus					
	ANTECEDENT CAUS	ES	(B)			
DISEASES	OR CONDITIONS, is	fony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A	A) slaling lhe	4.3			
UNDERLI	NG CONDITION last.		(C)			
z 260			11 1	. 11.	-	
O   O   HER SIG	NIFICANT CONDITIONS C EATH BUT NOT RELATED TO	CONTRIBUTING	Hyputes	isian, Cordiac	- hisullie	enter
	R CONDITION GIVEN IN P	ART 1 (A).	//		4,	
E 19A. DATE	OF OPERATION 198. CO	ONDITION FOR V ERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes ar I	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
19A. DATE				no		
OR CONTR	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimo	are City, give exact facation)
₹ DEATH (no	tify medical examiner)	etc.)				
O 21 D. TIME	(Manth) (Day) (Yea	or) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
OF INJURY			ile At Nat Whi			
(APPROX.)		War	k At Wark			
22. I certi	ify that (1) (this haspit	tal) attended th	ne deceased from	12-2-68	to	12-10-68
	ve) last saw the decea		12-10-68	19 and		Inian death accurred on the de
						doorn deconied on the de
	0	tated abave. (I	) (We) (did) (did not)	view the body after death	1.	
23A. SIGNA	1/1	11 11	. 7			23 B. DATE SIGNED
	Idam!	Mes	M4 Att	ending Med. Director	Staff Phys.	12-11-68
23 C. PHYSIC		100	DEGREE	23D. ADDRESS	1 1 .	
NAME	(Type) ODOM	N. COKE	R, MID,	3701 Liber	ty #/5,0	we,
0.44 0.45		1	DEGREE	370. 7.000	/	
24A. BURIAL C REMOVA	CREMATION, 24B. DATE	24C. NA	AME of CEMETERY or CE	REMATORY 24D.	LOCATION	City, tawn, ar county) (State)
Buria		-68 Arl	butus Mem.	Pk.	Arbutus Ma	rvland
	O'D BY HEALTH DEPT.		FREGISTRAR	25C. FUNERAL DIRECTO	DRTY R Rail	ADDRESS ADDRESS
	DEC 17 1000	A DO E	o Z. A. MZ	I Kelson D.	H. 1348 N.	Calhoun St.
	WEL # 4 1300	I Ulaking	C. Whiteen,	71020011 381		





IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY	HEALTH DEPARTMENT	68-12581
68-12581CERTIFICA	TE OF DEATH REG. NO	oo Troot
BIRTH NO.		
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) ELIZABETH QUEEN	12-4-68	1 6 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	lion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
10 MD GENERAL HOSPITTAL	BALTI MOKE YES	s NO D
78	706 & W SARDTOGA	
5. SEX  6. RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  7-25-29  9. AGE (In years If Many)  39	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote or foreign country) 12	CITIZEN OF WHAT COUNTRY?
done during most of warking life, even if retired)  NONE	MARYLAND	USA
12 EATHEDIC NAME	14. MOTHER'S MAIDEN NAME	
THOMAS QUEEN	MARY JOHNSON	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknown) (II yes, give war ar dates of service)   16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO 213-26-1879	HOSP. CHART	
DISEASE OF CONDITION DIRECTLY  CAUSE OF DEATH (A) PULITO	vary EDEMA + CONSESTIO	BETWEEN ONSET AND DEATH
LEADING TO DEATH	BE ACUTE BACTERIAL	4 days
(This does not meon the mode of dying, e.g., hearl foilure, osthenia, etc. It means the disease, injury or complication which coused deoth.)	A CONSEQUENCE OF: EN DOCARDO	
		35
DISEASES OR CONDITIONS, if any, giving BUE TO, OR AS	MATIC HEART DISEASE A CONSEQUENCE OF:	35 YRS
rise to the above cause (A) stating the UNDERLYING CONDITION last.	COLURE HYPSKAZ	EMPA
111/ \	7	
OTHER SIGNIPICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	STIVE HEAR FAILURE	246.
DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION WAS PERFORMED  211A. ACCIDENT WAS UNDERLYING   211B. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
21B. PLACE OF INJURY (e.g., i) OR CONTRIBUTING CAUSE OF hame, form, foctory, street, of	n or about 21 C. WHERE DID (If in Baltimare Cit	y, give exact lacation)
DEATH (notily medical examiner)	THE BIRGY, INJOHN OCCOR:	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Wark		
22. Legrify that (1) (this hospital) attended the deceased from	12-2 1968 to 12-	4 19 68
that (1) (we) last saw the deceased alive an 12 4		death occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did not) v		
23A. SIGNATURE		B. DATE SIGNED
OEGREE Phys		12-4-68
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS	
OEGREE  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY / 24D. LOCATION (City, to	own, or conty) (Stote)
REMOVAL (Specify)	On A months	wii, of continy/ (Stole)
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250-FUNERAL DIRECTOR 7/)	AOORESS
DEC 17 1968 17 02 8 2 Failura	Hord Malilsonson	Pronttile
		1 Charles Carlos



1.	-5	210
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	a hosp cause c se; (5) D	andance to dear
K	buting ned cau	lar att
	r contri determi	in reguleceased
7	direct o	n the disposit
ORTAI	if the any kind	ed deat dance o or final
: IMP	r. Also,	ronounc ir atten salmed
FUNERAL DIRECTOR: IMPORTANT	examine examine 3) A frac	who provided responsible are emb
AL DIR	nedical edical e ourns; (3	hysician n was in emains
UNER	by a m	e the pl shysicia ore the
	ospital	(6) No printed before
•	approve to the h	al (excel); and be obtai
	must be eleased cident	hospite to deatl
	y was re	was D.O.A. at a hospital (except where the physician who pronounced death was in regular of deceased prideceased priprior to death); and (6) No physician was in regular attendance on the deceased princiten approval must be obtained before the remains are embalmed or final disposition is made.
	This cer the bod shows:	was D.( decease written

-	69_49	2582 BALTIMORE CITY	HEALTH DEPARTMENT	Y Topped An	To trade a state of the same of the same and the same of the same
	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	68-12582
- 1	M.E. CASE NO.  1. NAME OF DECEASED			ND HOUR OF DEATH	
	(Type de Paint)		12	- 3 -68	5 53 In.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	astitution: residence before admission)
			3604 MA	117	
	FULL NAME OF (If not in hospital or instituting HOSPITAL OR oddress or location)	on, give street	1110	Herry (	cell. In hour
1	INSTITUTION		16 D 17	-/-	RURAL and give township)
낵	14/1	1		rurol, give locotion)	gan.
<u>.</u>	Underson punes	Home.		20	41
DD III SI		IED, NEVER MARRIED WED, DWORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Te male Calor 11.	ndon	1873	95	
	tOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working the man if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
aisposition	done during most observerking the state in resirred		mar. Va	0	11111
2	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1481
9	1		11. Ob.		
8	15, Was Deceased Ever in U. S. Armed Forces?	16 505141	17. INFORMANT	unc	, ADDRESS
5	(Yes, no or unknown) (If yes, give wor or dotes of services)	SECURITY NO.	17 INFORMANT	2 2	WILL
	$\mathcal{N}$		Hamuah	andre 1	123 Federatar St
0	18. 44.	CAUSE O	DEATH //		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	38	V		ONSET AND DEATH
E	LEADING TO DEATH	(ACA)	Ju 38 2 4 610	5771 1 25	KINGWY MY 22
5	(This daes not mean the made of dying, heart foilure, asthenia, etc. It means the dise				
mpalmed	injury or camplication which coused death.)	100			
0	ANTECEDENT CAUSES	DUE TO			
ale	DISEASES OR CONDITIONS, if any, give	at the second se			
S	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
remains	4221 11				
E	THER SIGNIFICANT CONDITIONS CONTRIBU	TING			
	DISEASE OR CONDITION CAUSING IT.	THE			
TIE	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ore	W				
0	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
Det	DEATH (notify medical examiner)	etc.)			
d in eq	OF INJURY (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN	URY OCCUR?	
Ě	(APPROX)	While At Not While At Work			
DIG	22. I certify that (I) (this hospital) attende		477 15	19 5 to	ND99 3 1968.
0	that (I) (we) last saw the deceased alive			13/0210	
9		•	_	natin (my) (out) api	nian death accurred on the date
S	and haur and from the causes stated above	e. (1) <del>(We</del> ) (did) <del>(did not)</del> v	iew the bady after death.		
m UST D	23A. SIGNATURE		-di Mad	54011	23B. DATE SIGNED
	Myon Daga	Phy		Stoff Phys.	15-3-68
>	23C. PHYSICIAN'S NAME (Type)	1 1 1	23D. ADDRESS	noton	カイノ
0	William H	NS 177 W.D.	つかるるでだけ	14 2 2 261	M x 2123
approva	24A. BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF CRE	MATORY 1 24D. L	OCATION 1 (C	ity, town, or county) (Stote)
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	25A. DATE REC'S BY HEALTH DEPT. 25B. NAM	5 E. Farkuna	Min hi	lorn in	- P - H-1
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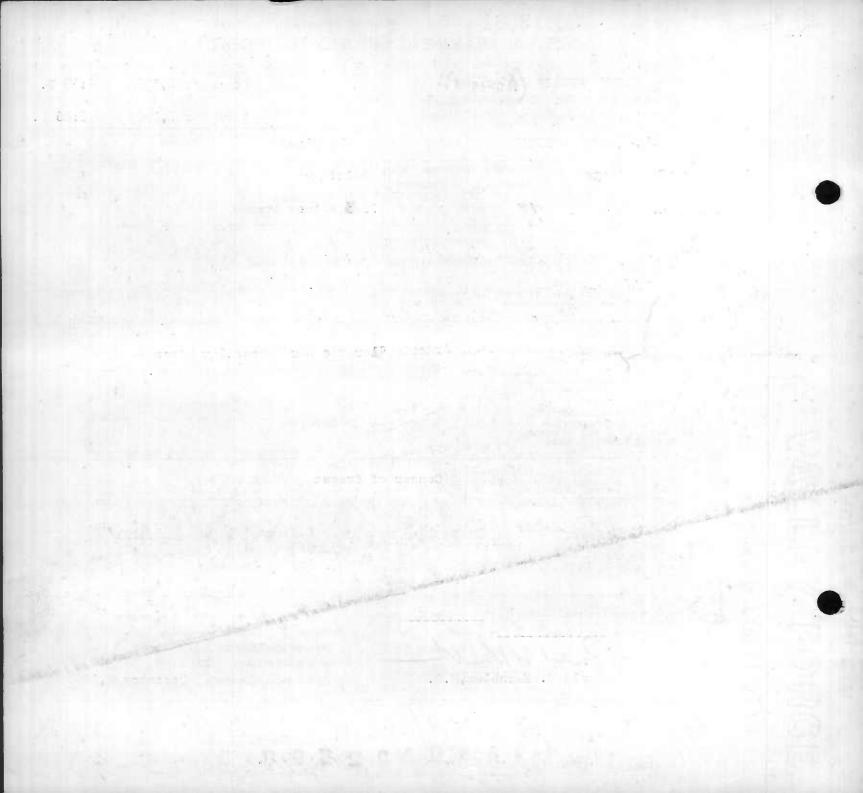


T. NAME OF DECEASED (Type or Phint)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before the country of the country)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET B. COUNTY  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET B. COUNTY  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET B. COUNTY  C. CITY OR TOWN  D. HISIDE CITY LIMITS?  FOR ACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH B. ACE (Stofe or foreign country)  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe or foreign country)  11. MOTHER'S NAME  12. CITIZEN OF WHA  ADDRESS  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Farces?  16. SOCIAL  SECURITY NO.  17. H. U. MOTHER'S MAIDEN NAME  18. OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe or foreign country)  19. ADDRESS  CAUSE OF DEATH  APPROXIMAL  APPR	BIRTH NO.	68-12583 CERT	TIFICATE OF DEATH REG. NO.	0. 68-12583
S. PEACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00				FATH
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SEE   STREET AND NUMBER	OIIOIIIZM	/	Bullian 16	
10.A USUAL OCCUPATION (Give kind of work) look, RIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stude or foreign country)   12. CITIZEN OF WHAT COMMENT   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. Was Deceased Ever in U. S. Armed Forces   16. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY   16. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY   16. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY   16. SOCIAL SECURITY NO. DISEASE OR CONDITION OF CONDITIO	100	1	E. STREET AND NUMBER	
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Tise to the abave cause (A) stating the UNDERLYING CONDITION last.  (C) CUA, ASCUD    COMPANIENTIAL CONDITION last.    COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENTIAL CONDITION last.   COMPANIENT last		·	Dist. T. W. 11. L.	V.
ise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  (C) CUA ASCUD  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART   (A).  130-A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? Not Received to the many form,	DISEA	S OR CONDITIONS if any giving DUE	TO, OR AS A CONSEQUENCE OF:	Ica
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR	rise 1			Non.
DISEASE OR CONDITION GIVEN IN PART I (A).    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   19B. CONTRIBUTION CAUSES OF DEATH?   19B. CONTRIBUTION CAUSES OF DEATH	UNDE	ING CONDITION last, (c) C	· · · · · · · · · · · · · · · · · · ·	
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19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?   21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   22D. TIME (Month) (I) (this hospital) attended the deceased fram   Not While   At Work   At Work   22. I certify that (I) (this hospital) attended the deceased fram   Not While   22. I certify that (I) (we) lost saw the deceased above. (I) (We) (did) (did not) view the body after death.   23A. SIGNATURE   23B. DATE SIGNED   23D. ADDRESS   23D. ADD	¥ TO THE	EATH BUT NOT RELATED TO THE TERMINAL	Myocardial Lusarci	Tion 2 we
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from Not While At Work  22. I certify that (I) (we) lost saw the deceased above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Attending Phys.  23D. ADDRESS  NAME (Type)  (II in Boltimore City, give exact location of bout 21C. WHERE DID (III in Boltimore City, give exact location of bout 21C. WHERE DID (III in Boltimore City, give exact location of bout 21C. WHERE DID (III in Boltimore City, give exact location of location of bout 21C. WHERE DID (III in Boltimore City, give exact location of location of bout 21C. WHERE DID (III in Boltimore City, give exact location of location of bout 21C. WHERE DID (III in Boltimore City, give exact location of location of bout 21C. WHERE DID (III in Boltimore City, give exact location of location of bout 21C. WHERE DID (III in Boltimore City, give exact location of location of bout 21C. WHERE DID (III in Boltimore City, give exact location of loc	19A. DA	OF OPERATION 198. CONDITION FOR WHICH OPERAT		VERE FINDINGS CONSIDERED
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DEATH (notify medical exeminer)  21D. TIME (Manth) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Work  22. 1 certify that (I) (this hospital) attended the deceased from NOUS 19 & to DEC 11  that (I) (we) lost saw the deceased alive on DEC 11 19 & and that in (my) (our) apinion death accurred and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)  VOSEPH E. Mark MD  accrete  23D. ADDRESS	OR CO	IDENT WAS UNDERLYING 21B, PLACE OF INJ	URY (e.g., in or obout 21C. WHERE DID (II in Bo	Itimore City, give exoct location)
OF INJURY (APPROX.)  While Al  Not While Al  Not While Al  Not Work  22. I certify that (I) (this haspital) attended the deceased fram Nov S 19 68 to DEC 11 that (I) (we) lost saw the deceased alive on DEC 11 19 68 and that in (my) (our) apinion death accurred and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  Attending Med. Shaff Director Phys.  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  NOSEPH F. Mark M. Cagaret Director Phys.	DEATH	otify medical examiner)		
22. I certify that (I) (this hospital) attended the deceased from Not While	W OF IN I	Y		
22. I certify that (I) (this hospital) attended the deceased from NOUS 1968 to DEC 11 that (I) (we) lost saw the deceased alive on DEC 11 19 68 and that in (my) (our) apinion death accurred and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  COSEPH C. Mark MD AGGREE  23D. ADDRESS	>	While At	Not While At Work	
that (I) (we) lost saw the deceased alive on	22. 1 c	tify that (1) (this hospital) attended the deceased	from NOV 5 1968 to	Dec 11 19
and have ond from the causes stoted above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  C. Manh MD Attending Med. Director Phys.  23B. DATE SIGNED  Dec 11,  23C. PHYSICIAN'S NAME (Type)  Voseph E. Mark MD  GEGREE				
23A. SIGNATURE  23A. SIGNATURE  C. Maul MD Attending Med. Director Phys.  23C. PHYSICIAN'S NAME (Type)  Voseph E. Mark MD OGGREE  23B. DATE SIGNED  23B. DATE SIGNED  Dec 11,	2		did 101) view the bady after death.	
23C. PHYSICIAN'S NAME (Type)  Voseph E. Mark MD  GEGREE  AGEGREE  Director Phys.  Director Phys.  Director Phys.  Phys.  Director Phys.  Phys.  Director Phys.  AD  GEGREE  Phys.  Director Phys.  Director Phys.  Phys.  Director Phys.  Director Phys.  Director Phys.  Phys.  Phys.  Director Phys.  Phys.  Director Phys.  Phys.  Director Phys.  Phys.  Phys.  Director Phys.  Phy		ATURE		23 B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Toseph E. Mark MD GEGREE			01 01 01 01	Da - 11 11
Voseph E. Mark MD GEGREE	23C. PH		JE OKEE	yer "
OEGREE!	NA	01 12 11		
REMOVAL (Specify)	24A, RIPRIA		OEGREE	(City, tawn, or county)
		1 11 11 11 11 11 11	Chat was	m Comp
ADDRESS PHEALTH DEPT.   258. NAME OF REGISTRAR   288. PHERAL DIRECTOR ADDRESS	-		Well Jalle	ADDRESS
SA. DATE REC'D BY HEALTH DEPY.   258. NAME OF REGISTRAR 250 THERAL DIRECTOR ADDRESS	JA. DAIL	D SI HEALTH DEPT. / 208. MAME OF REGISTRAR	The state of the s	ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT



			68-	120	84 BAL	TIMORE CITY I	EALTH DEPA	RTMENT					
BIE	RTH NO.		MED	ICA	L EXA	MINER'S	CERTIFI	CATE OF	DEAT	TH REG. N	10	38-12	358
	NAME OF DEC	CEASED		1	0 .	00	2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Ту	pe or Print)	ROSEY	DENNI	S (	OSIE	11.	OF DEATH	Estimoted		mber 7		6:46	P
4.	PLACE IN BAI	TIMORE, M	ARYLAND, V	VHERE P	RONOUNG	ED DEAD	3. DATE		Month	Doy	Yeor		M
HO	L NAME OF	(IF NO	OT IN HOSPITA	AL OR INS	STITUTION, G	IVE STREET		JNCED DEAD	Dece	mber 7	,1968	6:46	6 P.
OK.	PF	ROVIDE	NT HOSP	ITAL				esidence (Where it you have a supplied to the	e deceosed	B. COUNT		e before odmi	ssion)
6.	Female	7. RACE Neg	gro			VER MARRIED	C. CITY OR Balti			D. INSIDI	E CITY LIMITS		and the same of th
				1	WED 📙	DIVORCED	]			(	YES	NO 🔀	
9.	PATE OF BIRT	1891	10. AGE (I	yeors	If Under 1 Months; D	Yr. If Under 24 Hr oys   Hours   Mi		AND NUMBER Io1mes Ave	enue			,	
11.	BIRTHPLACE (	State or fore	ign country)	1	12. CITIZE	N OF COUNTRY?	13. FATHER	SNAME	1/1	1			
14A	USUAL OCCU	MOLE PATION (G	ive kind of work	14B. KIN	11	NESS OR INDUST	RY 15. MOTHE	MULLS R'S MAIDEN NAI	ME	200	-		
	e during most of						Den	1. Itu.	Port	7115	77_		
16. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE of service	S? 17. (	OCIAL SECURITY NO.	18. INFORA	MANT		and	ADDRESS		111
			14		2121	-56-432	4 1/6	ulu 1	Len	un.	Seen	14	
	19. Up. 10	2,41	x-1;	14	Y	CAUSE OF DE	АТН			/		APPROXIMATE IN	
		E OR CON	DITION DIRE	CTLY				c Cardiov	ascula	ar Dise	ase		
	heort foilure	, osthenio, et	mode of dy	diseose,		(A)IMMEDIATI DUE TO, O	AS A CONSEQ	UENCE OF:					
	injury or cor	n pilicotion wh	ich coused de	om.)									
		NTECED ENT OR CONDIT	CAUSES	, GIVING		(B)DUE TO, O	R AS A CONSEC	QUENCE OF:					
	RISE TO THE	E ABOVE CA	AUSE (A) STA	TING THE									
Ó	22 15 12	-				(c)							
CERTIFICATION	TO THE DE	ATH BUT NO	PADITIONS CO T RELATED TO N GIVEN IN PA	THE TERM	AINAL	Cancer	of Brea	st					
CERT						CH OPERATION	VAS PERFORM	ED	7	10.0	21. AUT	OPSY? (Yes	or No)
		NAL CAUSE			22B. PLACI	OF INJURY(e.	., in or obout 2	2C. WHERE DID	(If in Boltime	ore City, give	exoct location	no )	
MEDICAL	UNDERLYING UTING CA	USE OF DE	ATH.		home, form	, foctory, street, of	ice bldg., etc.) II	NJURY OCCUR?					
Σ	OF INJURY	(Month) (	Day) (Yeor	) (Hou	WHILE	JURY OCCURRED	OT WHILE	2F. HOW DID IN	JURY OCC	UR?			
	(APPROX.)				m. WORK		WORK						
					Ins	pectian K	utapsy 🗌	and that an t	his basis	, death in	my apinian		
	resul	ted fram: _	Natural cau	ses X	_ Acgide	ent Suic				ined mann	er 🗌		
	ACTUAL		mes	21	16mm	11_	ASSI	CHIEF MEDICAL E				DATE SIGN	NED
	SIGNAT	D	nald N	. Kon	nb lum		U.	CIATE MEDICAL E			cember	8,1968	
	· NAME (1	Гуре)											
	A. BURIAL CREI		24B. DATE	. 0	24C:NA	ME of CEMETER	Y ar CREMATO	24D.	LOCATION	(City,	town, or count	y) (Sto	te)
1	Suria		19-11-	60	1/1/	Turu	ullu		Du	US		1	WX
257	A. DATE REC'D		1	25B	NAME OF R	EGISTRAR	250	UNERAL DIRECTO	OR		ADDRESS	111	
		EC 1	1300	Ulab	w L.	y-		OYELLE	1000	~1000	Dun	1900	-



CITY HEALTH DEPARTMENT	68-12585
CATE OF DEATH REG. NO.	00 12000
2. DATE AND HOUR OF DEATH	3:20 Am.
A. STATE B. COUNTY	stitution: residence before odmission)
Ma. Baltimore	IDE CITY LIMITS!
Batimore guins	YES NO NO
E. STREET AND NUMBER	TES
1850 Pennsylvania	Ave,
B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
3/31/04   lost birthdoy  64	
JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
North Carolina	USA
14. MOTHER'S MAIDEN NAME	. 1
Grafley B.	attend
did /	ADDRESS
44 Wille Mac Brone	Herntola.
DEATH	APPROXIMATE INTERVAL BETYEEN ONSET AND DEATH
0.2	
E CAUSE Carcinoma of Pancreo	12-18 mas
K AS A CONSEQUENCE OF:	
PR AS A CONSEQUENCE OF:	
A CONSEQUENCE OF	
20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
IN CERTIFYING CA	USES OF DEATH?
e.g., in or obout 21 C. WHERE DID (If in Boltimor et, office bldg., INJURY OCCUR?	e City, give exoct locotion)
21F. HOW DID INJURY OCCUR?	
While Work	
10/20/1968 10	12/8/1968,
19ond that in(my) (our) api	, ,
ot) view the bady ofter death.	
	23B. DATE SIGNED
Attending Med. Staff Phys. Director Phys.	12/8/68
23D. ADDRESS	
200	

24D, LOCATION

(City, town, or county)

ADDRESS

(Stote)

17 1968 Plat & Farley Ma Elroy O. He

perspect and me value A 1850 fennsylvania N.C. oneski slaM 13/31/04 64 North Carolina 4017,000 Line Green 1455-31-817 Tr. Worklind Coremona of Pancross La Bross 10/21/60 Rachmat supported 10/20/ 60 /02/05 Douglas a Browned water

they O. Helen

BALTIMORE CITY HEALTH DEPARTMENT





8-12588	BALTIMORE CITY HEALTH DEPARTMENT
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68-12588	}
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BIF	RTM NO.	REG. NO.			
1. NAME OF DECEASED		2. DATE Known Month Day Year Haur			
(Type or Print) Samuel H. Winkler		OF DEATH Estimoted			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		3. DATE Month Day Year Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		PRONOUNCED DEAD December 4, 1968 1:25 A. M.			
OR	INSTITUTION ADDRESS OF EOCATION)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissian)			
121 N. Durham Street		A. STATE Maryland B. COUNTY			
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
Male White WIDOWED ☐ DIVORCED ☐		Baltimore VES X NO V			
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		E. STREET AND NUMBER			
Mar. 12, 1903   lost birthday)   Months, Days, Hours Min.		121 N. Durham Street			
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF		13. FATHER'S NAME			
	Balte Md. WHAT COUNTRY?	Harry Winkhen			
144	USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY				
dan	e during mast of working life, even if retired)	MA 1 2 11			
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ( ADDRESS			
(Yes	s, no ar unknawn) (If yes, give war ar dates of service) SECURITY NO.				
-	CAUSE OF DEA	Margret E. Win Kler SA-			
	T / T I	BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease				
	LEADING TO DEATH (A)IMMEDIATE C	CAUSE			
	heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:			
	injury ar complication which caused death.)				
	ANTECEDENT CAUSES (B)				
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE					
Ó	(C)				
II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes ar					
잂	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
RTI	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes ar Na)			
O COMBINION ON WHICH OF EXAMON WA					
¥	22A. FXTERNAL CAUSE WAS 22B PLACE OF INJURY(e.g.	in or about 220 WHERE DID (It is Raltimore City sine cost location)			
UNDERLYING OR CONTRIB. INJURY OCCUR?  UTING CAUSE OF DEATH.					
				_	22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED WHILE AT NOT
	m. WORK AT W	WORK			
	23.				
	certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my apinion				
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner				
	ACTUAL CO. A CHIEF MEDICAL EXAMINER DATE SIGNED				
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER				
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 4, 1968				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, ar county) (State)					
REMOVAL (Specify)					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS					
DEC 17 1968 R. Don't Et Faiburna? 2 12 gg of w lear 1000 Brantly fre.					
VS 151-REV. 1/1/68					

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GASTAC- IN TRATILIAL CLITING

RENAL FAILURE - CARRIAC ARRIST
RUEUM SNIA COUGFRILINE, PAINGLUI

INSTER RESPONTORY FRILLINE NO

Bacd 6200

Augment Levine SEYMOUR LEVINE

JOHNS HOPPINS HOSPITE

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VS 150-REV. 1/1/68

THE STATE OF THE S THE DELBERT AVE - 31 P. L. DELL A REMAR SUCHES MACKEW 773-01-1250 Laborat the whose Through after him will The state of the feeling of the state of the 16 N . W. 18 B Corps a Faguery (4) CHURCH FORES & HORSELL CEZAR A 20PEZ MO BURLALL DIRUPLES TSTAMS, AUSCHMATANS OF IT OF A DIFFERENCE OF THE AUSTRALIA and the state of t

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68-12593 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	ICAL EXAMINER 3	CERTIFICATE OF DEA	REG. NO	
1. NAME OF DECEASED		2. DATE Known Month	Doy Yeor H	lour
(Type or Print) IRA HAI	ROLD KILGORE	OF DEATH Estimoted		М.
4. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	3. DATE Month	Doy Yeor	laur
HO II SON SON GA	TO THE PROPERTY OF THE PROPERT	PRONOUNCED DEAD NOVE	ember 28, 1968 7	:45 A. M.
SAMPHONIAL ECTET S	19-17-6	Nove USUAL RESIDENCE (Where deceosed Maryland	lived. If institution: residence before	ore odmission)
1407 East Bal	timore Street	Maryland	2	
o. SEX	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMANS?	
Male White	WIDOWED DIVORCED	Baltimore	YES X NO	
9. DATE OF BIRTH 10. AGE (In last birthdo)	Months   Doys   Hours   Min.			
1 / of land on the	63	1407 East Balt	imore Street	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
VIRGINIA	AR KIND OF BUSINESS OR INDUSTR	A. N. Kilgora		
14A.USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	45. KIND OF BUSINESS OR INDUSTR	7		
16. WAS DECEASED EVER IN U.S. ARMED	FORCES? 17. SOCIAL	IB. INFORMANT	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates	of service) SECURITY NO.	2		
19.44 / 41 //	228-12-4903 CAUSE OF DEA	Kirk Kilgore, Wi		XIMATE INTERVAL
7/2/7	Arterios	clerotic cardiovascul		ONSET AND DEATH
DISEASE OR CONDITION DIREC	LILY		.ar arbease	
(This does not mean the made of dy	Ing, e.g., (A)IMMEDIATE ( DUE TO, OR	AS A CONSEQUENCE OF:		
heart failure, asthenio, etc, it means the injury ar complication which caused dec	diseose,			
ANITECEDENT CAUSES				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY	, GIVING (B)	AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	IING INE			
	(C)			******
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA				
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTICULAR CONDITION GIVEN IN PARTICULAR CONDITION (CONDITION)  20A. DATE OF OPERATION (20B. CONDITION)	DITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPS	Y? (Yes or No)
.1( )				No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B. PLACE OF INJURY (e.g.,	, in ar about 22C. WHERE DID (If in Bolti ce bldg., etc.) INJURY OCCUR?	more City, give exact lacotion)	3 1000
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.				
≥ 22D. TIME (Month) (Day) (Year		22F. HOW DID INJURY O	CUR?	
(APPROX.)		WORK		
23.			to dead to our outstan	
			s, death in my apinian	
resulted from: Natural cau	ses X Accident Suici		mined manner 🔲	
ACTUAL SIGNATURE	J. Jaget M.E	CHIEF MEDICAL EXAMINE  ASSISTANT MEDICAL EXAMINE	res DA	ATE SIGNED
EXAMINER'S Charles	s S. Springate, M.D.		— November 2	28, 1968
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATIO	ON (City, town, or county)	(Stote)
Junial 12-3	-64 FAMILY	WISE	WisEG	VA.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTIAR	25C. FUNERAL DIRECTOR Higinbe Thom Sh	ADDRESS Ellicol	764
VS 151-REV. 1/1/68	1 7 5 8 0 1	-2-3-5-01-9-1	Tronge 100	

VS 153 12-17-68 M.H.

68-12595 baltimore city health department

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH

NOTU NO				MINER'S C			DEATH REC	NO_	68-	-1259	5
NAME OF DEC	EASED CHARLES	Z F C	ΛΤΤΛΉ	Λ λτ	2. DATE OF	Known 🛣	Month Do		Yeor		
PLACE IN BAL	TIMORE, MARYLAND,				3. DATE	Estillioted	December Do		1968		Р. м.
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST			PRONO	UNCED DEAD	December	13,	1968	3:00	
40	St. Agnes H	Hospit	al		A. STATE	Maryland	Ball	NTY		53-0	
SEX	7. RACE	8. MARRI	ED 🖾 NE	VER MARRIED	C. CITY OF	TOWN	D. INS	IDE CIT	Y LIMITS	?	
Male	White	WIDOW		DIVORCED		Baltimore		YES	s 🔼	NO 🗌	
August 2	10. AGE ( 1904 birthd			Yr. If Under 24 Hrs. bys Hours Min.	E. STREET	1330 West	estburn bourne Roa	ad			
1. BIRTHPLACE (S $Balt$	imore		12. CITIZE	N OF COUNTRY?	13. FATHER		Callaho	מוכ			
4A.USUAL OCCU	PATION (Give kind of work				15. MOTHE	R'S MAIDEN NA	ΛE	216			
	perator	1		s&Elec. C		E. Gill					
	ED EVER IN U.S. ARME (If yes, give wor or dotes			OCIAL ECURITY NO.	IB. INFOR	MANT		AD	DRESS		
no	none		ye		Mrs	Mary K.C	Callahan	133		estbul APPROXIMATE IN	
DISEASES OR RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD	of meon the mode of do osthenio, etc. It meons the plicotion which coused do NTECEDENT CAUSES OR CONDITIONS, IF AN EABOVE CAUSE (A) STARG CONDITION LAST.  II  IFICANT CONDITIONS CAUTH BUT NOT RELATED TO CONDITION GIVEN IN I	e diseose, coth.)  IY, GIVING ATING THE  CONTRIBUT		(B)DUE TO, OR A		QUENCE OF:					
	OPERATION 20B. CO		FOR WHIC	H OPERATION W	AS PERFOR!	MED			21. AUT	OPSY? (Yes	or No)
2										Yes	
UNDERLYING	NAL CAUSE WAS ON CONTRIB-		22B. PLACE home, form,	OF INJURY(e.g., , foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimore City,	give exoc	t location	)	
OF INJURY (APPROX.)	Month) (Doy) (Yea		) 22E.IN. WHILE A WORK		WHILE O	22F. HOW DID IN	JURY OCCUR?				
ACTUAL SIGNATU EXAMINI NAME (T REMOVAL (Specil BUTIQL	URE Charles ype) Charles ype) 24B. DATE	S. s. s. s. 16,19	pringle 24C.NA		ASSO	OMICIDE CHIEF MEDICAL E ISTANT MEDICAL E OCIATE MEDICAL E ORY	EXAMINER TO	Dec	cembe		1968
JA. DATE REC'D	FO 17 1968	1 0 O	0 8	Ja Seura	2 2	3 7750	ong Duneral E. Edmondson of	7	- DVE23		
S 151-REV. 1/1/66	1000	4000		120000		Caton	solle, Md. 21	228	1111		V

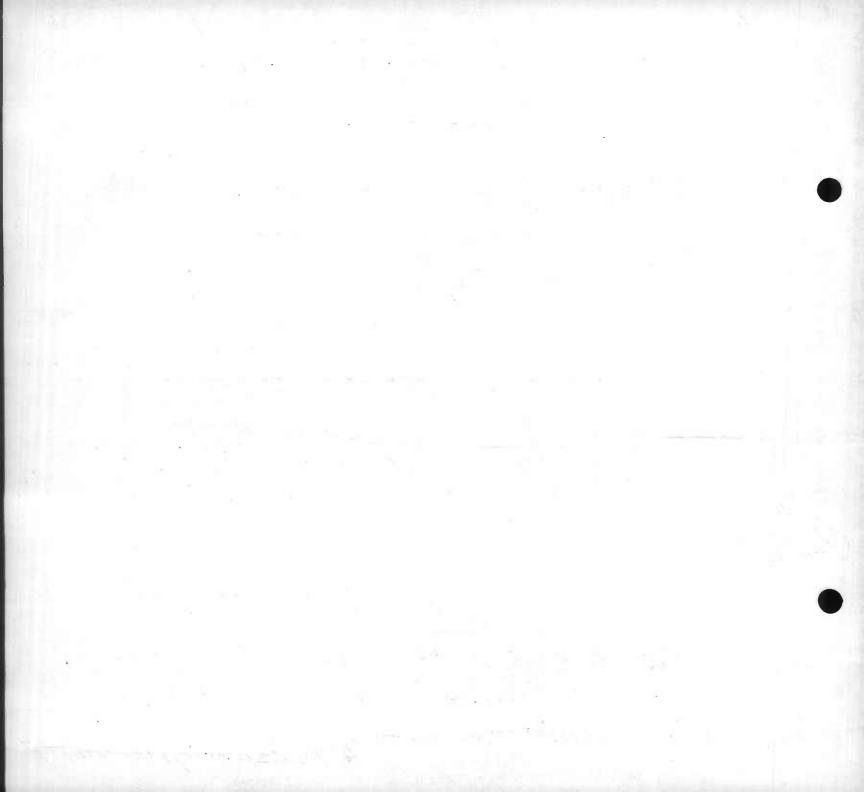
er Bei Kirker bei gerecktering all dieser bei dem der der der il expense a misseum a mis R-240

		DICAL E	XAMINER'S			DEAT	H REG. NO.	68-	12596	5
BIRTH NO.										
1. NAME OF DEC		E J. RU	SSEL	2. DATE OF DEATH	Known   Estimoted	Month	ber 14.	1968	10:30	S. 34
4. PLACE IN BAI	TIMORE, MARYLAND, V			3. DATE		Month	Doy	Yeor	Hour	TRU TAY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT ATION)	TION, GIVE STREET		INCED DEAD		er 14,		10:30	
00	19 North Hol	liday (A	rmstead Hotel	A. STATE	ESIDENCE (Where Marylar		B. COUNTY	n: residence d	4-01	1)
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR	TOWNScotl	and	D. INSIDE C	ITY LIMITS?		
Male	White	WIDOWED	DIVORCED A		)Blallclin	nore	Y	ES X	NO 🗆	
9. DATE OF BIRT		In years If L	Inder I Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER	~~				
Oct. 16.	1000 lost birthdo	59	nins Doys Hours Min.		19 N.	Hollid	ay Stre	et #	21202.	
	State or foreign country)		CITIZEN OF	13. FATHER		HOLLIG	ay bele	CC 11		
	Scot land		WHAT COUNTRY?		De	hamb D				
		14B. KIND OF	U.S.A. BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	bert R	ussell			
one during most of y	vorking life, even if retired) perator	The second second second	Steel Co.	1,01112		ristin	2 Taols			
	ED EVER IN U.S. ARME		17. SOCIAL	18. INFORM		TTPOTTI		DDRESS		35.2
Yes, no or unknown	(If yes, give wor or dotes	of service)	SECURITY NO.			. 682	/		0-1+a (	Md
19.	M. M. TT		213-07-7029		Russell	: 003	z rait		PROXIMATE INTER	
531.	1		CAUSE OF DEAT	IH		/			EEN ONSET AND	
DISEASES OF THE	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.  II	ATING THE	(B) DUE TO, OR (C)	as a conse	QUENCE OF:	P				
O THE DE	IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINA		*****	*****		ris mas <b>0 0 0 0 0 0 0 0 0 0 0 0 0</b>			
20A. DATE OF	F OPERATION 20B. CO	NDITION FOI	WHICH OPERATION WA	AS PERFORM	IED			(Pa	PSY? (Yes or N Irtial) Yes	10)
UNDERLYING	NAL CAUSE WAS OF OR CONTRIB-		PLACE OF INJURY (e.g., ne, form, foctory, street, office			(If in Boltimor	e City, give ex	oct location)		
	(Month) (Doy) (Yea			WHILE CORK	2F. HOW DID IN	IJURY OCCU	JR?			
23.	ify that I held an	Inquiry 🔲		tial)	and that an t	his basis,	death in my	apinian		
resul	ted fram: Natural car	uses X	Accident D Suicid	le 🗌 Ho	micide .	Undetermin	ned manner			
ACTUAL	1 / 1	J	So Jet M.D	ASSI	CHIEF MEDICAL STANT MEDICAL				DATE SIGNE	D
EXAMIN NAME (1	ER'S Charles	S. Spr	ingate, M.D.	ASSC	OCIATE MEDICAL	EXAMINER	Dece	mber 1	4, 1968	
24A. BURIAL CRE REMOVAL (Special Burial	MATION, 248. DATE		4C. NAME of CEMETERY Oals Lawn (			LOCATION 25 Eas		n, or county)	(Stote)	
25A. DATE REC'D	BY HEALTH DEPT. DEC 17 1968		E OF REGISTRAR		FUNERAL DIRECT	OR O		ADDRESS 24 Eas	tern Av 21224,N	e.

The Linear Care · (, u v reach the fill the fi 

VS 150-REV. 1/1/6

BALTIMORE CITY HEALTH DEPARTMENT



4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

B. COUNTY BALTIMORE D. INSIDE CITY LIMITS? NOTE YES 21222 If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS AS IN L ABOVE APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH minutes 2 weeks 3 weeks 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) 19 68 to December that (1) (We) lost saw the deceased alive on December 12, 19.68 and that in (my) (607) opinion death occurred on the date 23 B. DATE SIGNED December 12, 1968 601 N. Broadway, Baltimore, Md., 21205 was D.O.A deceased (City, town, or county) (Stote) shows: MARYLAND DUNDALK, MD. VS 150-REV. 1/1/68

Honge H. Arch for

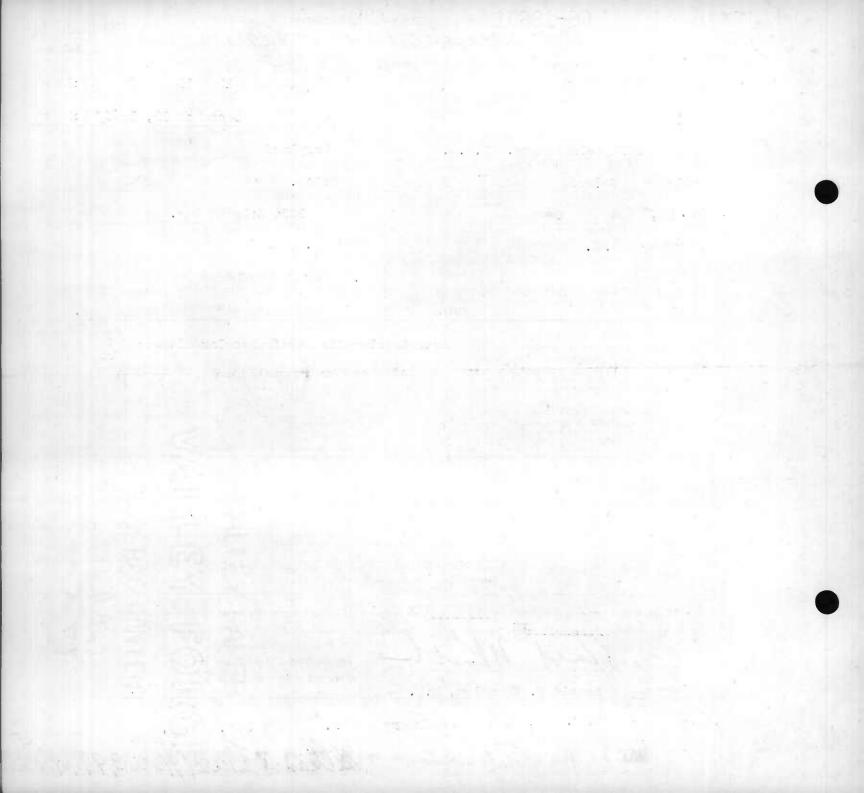
A D C (A section of the section of t



## 68-12601 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
		CENTILICATE	$\sim$	

BIRTH NO.		REG. NO	
NAME OF DECEASED			Year Hour
(Type or Print) EVA ROSE		OF DEATH Estimated 12 13	68 7:38 a _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD		Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL ADDRESS OR LOCATION)	STITUTION, GIVE STREET	PRONOUNCED DEAD December 13,	1968 7:38 a _{m.}
OR INSTITUTION		5. USUAL RESIDENCE (Where deceosed lived. If institution: resi	1111
0 0 3034 Belmont Ave	D.O.A.	A. STATE Maryland B. COUNTY	27
6. SEX 7. RACE 8. MAR	RRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MHTS?
Female Colored WIDO	WED DIVORCED	Balto. YES	No 🗆
NOV • 10 - 1 904	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.	3034 Belmont Ave.	
11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Sumter S.C.	WHAT COULTRY:	John S. Martin	
4A.USUAL OCCUPATION (Give kind of wark 14B. KIN dane dyring most of working life, even if retired)	D OF BUSINESS OR INDUSTR		
Housewife		Elizabeth Sanders	
6. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no or unknown) (If yes, give wor ar dotes of service)	ES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRE	SS
no	none	Sadie Anderson 3034 Belmor	it Ave.
19.	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, e.g. heart foilure, asthenia, etc. It means the disease injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBITOTHE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION	G (B)	AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION 20B. CONDITION		VAS PERFORMED 21.	AUTOPSY? (Yes or No)
			No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	home, form, factory, street, offi 22E. INJURY OCCURRED  WHILE AT NO	, in or obout 22C. WHERE DID (If in Baltimore City, give exact locate bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?	
I certify that I held on Inquiry resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald No. 18	Inspection XX A	de Homicide Undetermined monner CHIEF MEDICAL EXAMINER	date signed
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	' ar CREMATORY 24D. LOCATION (City, town, or	county) (State)
Burial Dec. 17,1	968 Mt.Catvar	y Cem. Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ESS , 4 X
M. M	Berto E Halberger	2 William Tunesal Horse	3199 Johnson



68-12602

BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 12000	
	I. NAME OF DECEASED	_	2. DATE AN	D HOUR OF DEATH	· · · · · · · · · · · · · · · · · · ·	
	WALTER LES		4. USUAL RESIDENCE (Whe	2-11-68	3 40	AM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		institution: residence before	odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Ma Par	40.	-	
			C. CITY OR TOWN	JO SIN	YES NO NO	7
	& glain - of Md. Hosp.		E. STREET AND NUMBER	10	TEST NOT	
+			32 N. Po	AALETON	St.	
		IED NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. , If Un Manths! Doys Hours	der 24 Hrs. Min.
	M Negro WIDOV		6-11-94	14		
	10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working lile, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn countr <u>y</u> )	12. CITIZEN OF WHAT	COUNTRY?
	Ketteret		N.C.		USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE		
	I SAAC LEE		•			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	n /-	ADDRESS	1 ove
		220-01-548515	Misyella	Buten	3901 / owar	Ma
	18. / 8 3 X I	CAUSE OF DEATI			APPROXIMATE BETWEEN ONSET	AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A NUMBER AND CALL	CAUDIA A	ESAIRATORY	FAILUST 18	
	(This does not meon the mode of dying, heart failure, asthenio, etc. It meons the dise		A CONSEQUENCE OF:		7.70	
	injury or complication which coused death.)		Mitosposes			
	ANTECEDENT CAUSES	(B)	the Ca	1 south		
	DISEASES OR CONDITIONS, if any, giver is a lot like obove cause (A) stating		A CONSEQUENCE OF:	2		0
	UNDERLYING CONDITION last.	(C)	Motatec	Carcinana	14 11	45.
	777X II					
-	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).					
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
	19A. DATE OF OPERATION 19B. CONDITION F		No	IN CERTIFYING CA	AUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotian	)
	21D.TtME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)	While At Not While At Work	е			
	22. I certify that (1) (this haspital) attended			19 6% to 6	2-11	19 68
	that (1) (we) lost sow the deceased alive				inion deoth occurred	
	ond haur and from the couses stated above	A	iew the bady ofter death.			
	23A. SIGNATURE				23B. DATE SIGNED	
	Wichael I Hay	Atter	nding Med. Director	Staff Phys.	12-11-62	
	23C. PHYSICIAN'S NAME (Type)	OF CHO DECKEE	23D. ADDRESS	1 /		
	Michael 6. H	AYES, H.P. DEGREE	Union of all	1- Host	SHUTO,	MA
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Spgcify)	C. NAME of CEMETERY OF CRE	MATORY / 24D. L	OCATION (C	City, town, or county)	(Stote)
	73min 12-16-68	W. dulus	Centur For	lto. Mic	ugland	
	25A. DATE REC'D BY HEALTH DEPT. 1 25B. NAM	ME OF REGISTRAR	269. FUNERAL DIRECTOR	1	ADDRESS	
	THE RESERVE OF LOCAL	E, Wildrey W	Thellysite	meral for	me17274.m	ome St.
	VS 150-REV. 1/1/68					



VS 150-REV. 1/1/6B

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BALTIMORE CITY HEALTH DEPARTMENT

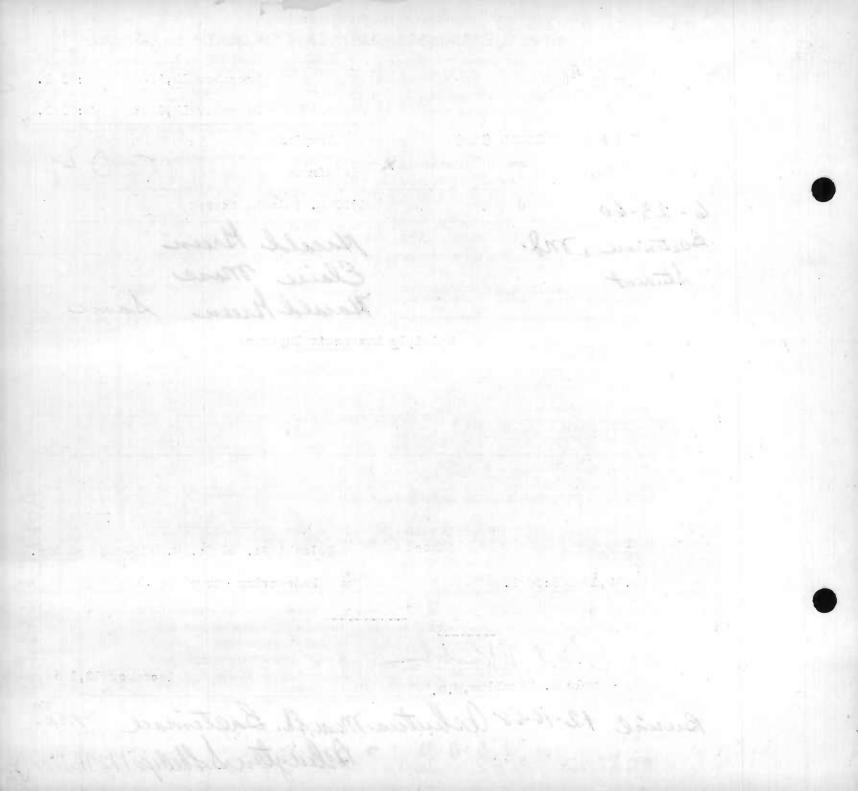
- particular	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. 140,	
	1, NAME OF DECEASED			ID HOUR OF DEATH	
	Claudia Wr		Dece	mber 10, 196	8   6:10 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in:	stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET TION)	Maryland c. CITY OR TOWN	16	DE CITY LIMITS?
	INSTITUTION 2537 W. Lanval	e Street		5. 11431	YES X NO
	Baltimore, Mar		E. STREET AND NUMBER		110
e i		of the table of	2537 W. Lanv	ale Street	
Ö	5. SEX 6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Ě		WIDOWED DIVORCED	10-13-04	last birthday)	Months Days Hours Min.
2	Female   Negro			ign countryl	12. CITIZEN OF WHAT COUNTRY?
OSITION	done during most of working life, even if retired)			,	
Ē	Maid (Labrorer)	A & P Food	Virginia		USA
0	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
disb	Liillian Hieles		Mollie Howell		
	15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	es? 16. SOCIAL	17. INFORMANT		ADDRESS
	tres, no or unknown/ (if yes, give wor or dores	s of servicel SECURITY NO.	14 TO D TT 2	0508 11 1	7 - C++
01 1	NO   18.44   O   O   V	CAUSE OF DEAT	Mr. Earl Hicks	2537 W. Lat	APPROXIMATE INTERVAL
the remains are embain	(This does not mean the mode of heart foilure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or ise to the obove cause (A) UNDERLYING CONDITION last.  WO THE SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO	the disease, deoth.)  Iny, giving DUE TO, OR AS slating the (C)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
9	EE C				
Detore	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Ballimare	e City, give exact lacation)
	21 D. TIME (Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
ained	OF INJURY (A PPROX.)	While At Not While At Work	e 🗇		
DIG			11/2		110
0	22. 1 certify that (I) (this hospital)	a 411		19 <u>0</u> to	1990,
P	that (1) (we) last sow the decease			at in(my) (aur) apii	nian death accurred an the date
	and hour and fram the couses state	ed above (I) (We) (did) (did not) v	iew the bady ofter death.		
m ust	Z3A/ SIGNATURE	1			23B. DATE SIGNED
	Concesser & Sule	OEGREE Phys	nding Med. Director	Staff Phy s.	17/17/68
>	23C. PHYSICIAN'S		23D. ADDRESS	. 1	
5	LAME (Type) D. lel.	IAHI M D	7379 Quene	116/1 D	to 1 8 2/2/2
approval	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	7	OCATION (Cit	ly, town, of countyl (Stote)
	REMOVAL (Specify)				
ritten	Removal	Hicks Cemetery 258. NAME OF REGISTRAF	Territoria (1970)	hland, Virg	address Address
3	25A. DATE NCD BY HEALTH DEPT.	20070	/ 1		
-	VI-6	SHOW OF THE SHOW MAN	Arlington S. F	hillips 172	7 N. Monroe Street



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68-12604 BALTIMORE CITY HEALTH DEPARTMENT TIFICATE OF DEATH 68-42004

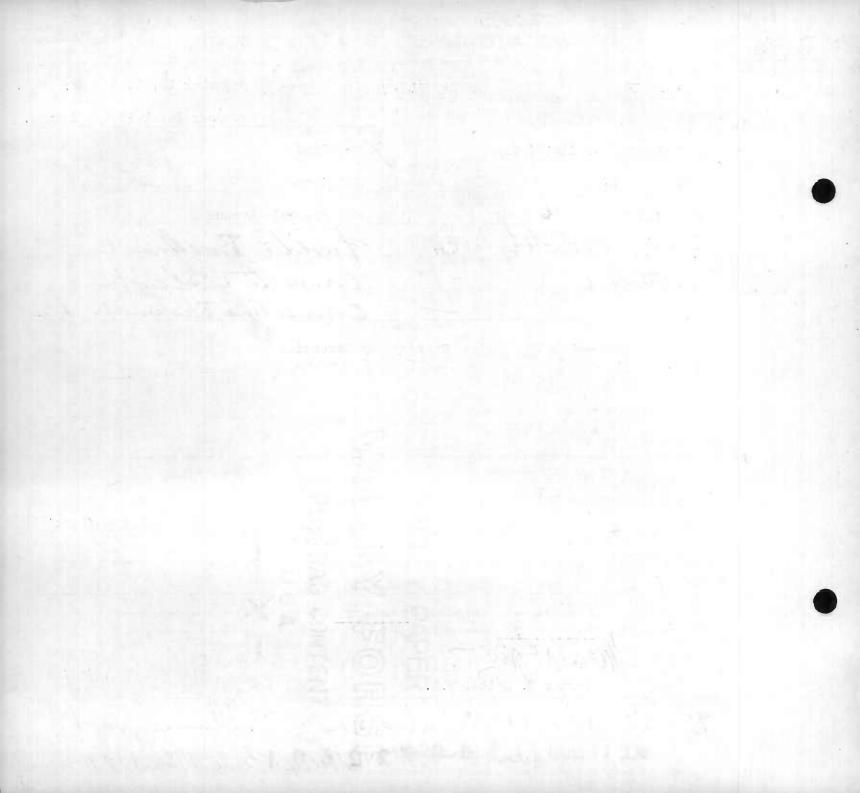
BIRTH NO.	MIL	DICALE	XAMINER'S	EKTIFIC	ATE OF	DEATH	REG. NO.	120	IU.
1. NAME OF DE	JERRY AGRE	EN		2. DATE OF DEATH	Known De	Month	12, 1968	Yeor F	5:05 P.
4. PLACE IN BAI FULL NAME OF HOSPITAL	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITUT	OUNCED DEAD	3. DATE PRONOUN	ICED DEAD D	Month	12,1968		5:05 P.
OR INSTITUTION	LUTHERAN HO		DOA)	5. USUAL RES A. STATE Ma	DENCE (Where ryland		. If institution: re COUNTY	sidence befo	ore odmission)
6. SEX Male	7. RACE Negro	8. MARRIED	NEVER MARRIED DIVORCED	c. city or to Balti		D	INSIDE OTTY	LIMITS NO	
9. DATE OF BIRT	// lout birth		nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET AN 1723 N	• Pulask:	i Street			
11. BIRTHPLACE	Stote or foreign country		CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME	Gree	n		
14A.USUAL OCCU	JPATION (Give kind of wo working life, even if retire	ork 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	Mas	2		
16. WAS DECEAS (Yes, no or unknown	SED EVER IN U.S. ARM	ED FORCES? es of service)	17. SOCIAL SECURITY NO.	18. INFORMA	NT A	100.1	ADDR	ESS am	2
19.	14.7		CAUSE OF DEA	TH	1	um.			XIMATE INTERVAL
DISTAG	T OR CONDITION DU	DECTIV.	Multiple	Traumati	c Injurie	es		BETWEEN	ONSET AND DEAT
DISEAS	SE OR CONDITION DII LEADING TO DEATH	RECILY			5				
heort foilure	not meon the mode of e, osthenio, etc. It meons mplication which coused t	the disease,	(A)IMMEDIATE C	S A CONSEQUE	NCE OF:				~~~~~~
DISEASES RISE TO THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST  II VIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN IN	TATING THE  CONTRIBUTING TO THE TERMINAL	(c)	AS A CONSEQU	ENCE OF:				
			WHICH OPERATION WA	S PERFORMED	)	P. 18	21	. AUTOPS	Y? (Yes or No)
UNDERLYING UTING CA  22D. TIME OF INJURY (APPROX.) DE	MAL CAUSE WAS GIMOR CONTRIB- LUSE OF DEATH. (Month) (Doy) (You	eor) (Hour) 2	PLACE OF INJURY(e.g., e, form, inderly, street, office 2E.INJURY OCCURRED WHILE AT NOT AT W	Pu 22F	where DID (I URY OCCUR? laski St. HOWDID INJ Pedestria	86 ft.	S. of	Wes two	15-02
	URE TOO	d U/c	Suicident XX Suicid	CH ASSISTA	and that an thicide LIEF MEDICAL EXANT MEDICAL EXA	AMINER (AMINER	monner 🗌		ATE SIGNED
NAME (1) 24A. BURIAL CRE REMOVAL (Spec	_{Type)} Ronald N MATION, 248, DATE	16-68	C NAME OF CEMETERY  OF REGISTRAR	or CREMATORY		ogation acti	(City, town, or ADDI	county)	(Stote) Md-



68-12605 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-12605	12805	68-
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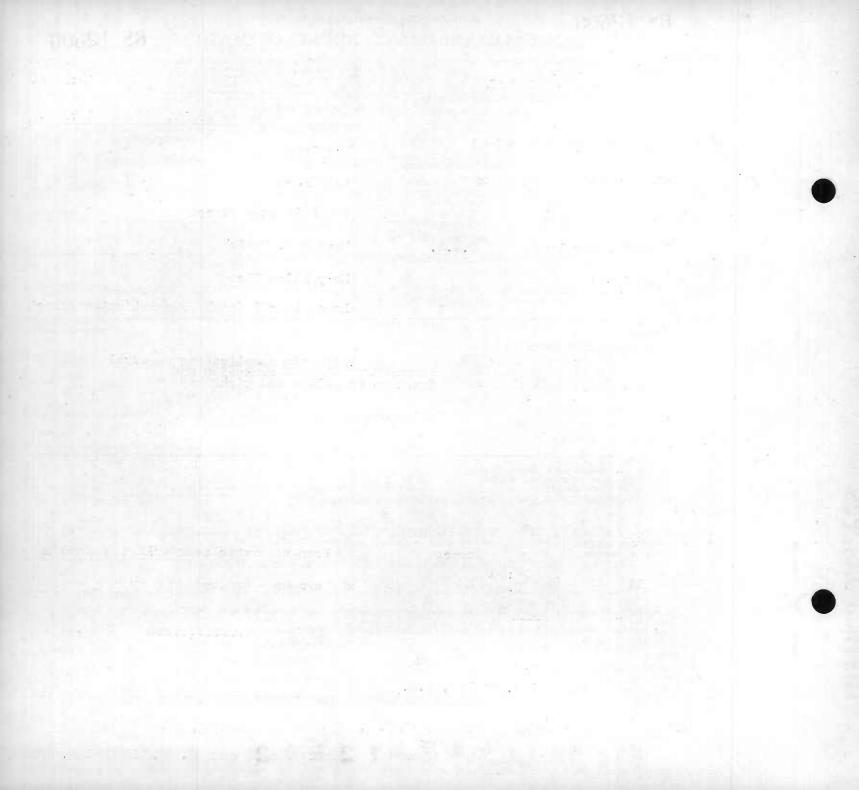
BIRTH NO.							REG. NO		
1. NAME OF DECE	ASED		0	2. DATE	Known 📉	Month	Doy	Yeor	Hour
(Type or Print) FREDDI	E	F	BASKERVILLE	OF DEATH	Estimoted	Decembe	r 10,	1968	8: 30 A.
	MORE, MARYLAND, W			3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTITUTI	ON, GIVE STREET	PRONC	DUNCED DEAD	December	10 1	968	8:30 A.
OR INSTITUTION	ADDRESS OR LOCA	IION)		5. USUAL	RESIDENCE (Where				
Tuthon	enn Hoanital	(DOA)		II A/ STATE		В. С	OUNTY		,
	an Hospital	(DOA)	7 dla		yland	I'D	INICIDE CON	/ LIANTED V	1
	· RAGE	-	NEVER MARRIED			U.	INSIDE CITY	LIMITS	10
male	negro	WIDOWED		U	timore		YES	N	0
9. DATE OF BIRTH	10. AGE (In	yeors If U	nder 1 Yr. If Under 24 Hrs Phs , Doys , Hours , Min	E. STREET	AND NUMBER				
11 - 13	-52 15	2		932	Rosedale	Avenue			
11. BIRTHPLACE (Sto	ote or foreign country)	Art Called	ITIZEN OF	13. FATHE	R'S NAME				
Frankle	2 Baskert		WHAT COUNTRY?	1	01/20	7500	Plew	01	
144/USUAL OCCUPA	ATION (Give kind of work ) rking (fe, ever) if retired)		BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NAM	ME.	y con	ec ca	
done during most for wor	rking (te, even if retired)			-	. 7	1		1	
16 WAS DECEASED	EVER IN U.S. ARMED	EOPCES2	17. SOCIAL	18. INFOR	mesca	06	1119	Je Co	
(Yes, no or unknown) (If	f yes, give wor or dates of	of service)	SECURITY NO.	ID. HAPOK	MAIVI	4 77		JKE35	/
				20	aneste	ne Bo	ralle	mele	tone
19. 30	4.7		CAUSE OF DEA	ATH					OXIMATE INTERVAL
DISEASE	OR CONDITION DIREC	CTLY	Overdose	of Na	rectice				
	ADING TO DEATH		(A)IMMEDIATE		receies				
(This does not	meon the mode of dyi	ing, e.g.,	DUE TO, OR	AS A CONSE	QUENCE OF:				
injury or comp	osthenio, etc. It means the dicotion which coused deo	th.)							
	ECEDENT CAUSES		(B)						
RISE TO THE	R CONDITIONS, IF ANY, ABOVE CAUSE (A) STAT	, GIVING	DUE TO, OR	AS A CONSI	QUENCE OF:				
UNDERLYING	CONDITION LAST.		(c)						
0 200	X II		( 0/200000000000000000000000000000000000						
OTHER SIGNIF	ICANT CONDITIONS CO								
DISEASE OF C	H BUT NOT RELATED TO TO TO TO THE PARTY OF T								
	OPERATION 208. CON		WHICH OPERATION W	AS DEDECO	MED			21 AUTOR	SY? (Yes or No)
8 1		DITIONALOR	WINCH OF EXAMON V	AS FERFOR	WILD.			ZI. AUTOP	245 (Les 01 140)
16/									(Partial)
UNDERLYING LUTING CAUS		22B. F home	PLACE OF INJURY (e.g., , farm, factory, street, offi	, in or obout ce bldg., etc.)	22C. WHERE DID ( INJURY OCCUR?	lf in Boltimore Ci	ty, give exoct	locotion)	
	lonth) (Doy) (Yeor)	) (Hour) 2	E.INJURY OCCURRED		22F. HOW DID INJ	HIDY OCCUPS			
						OK! OCCOK!			
OF INJURY				T WHILE	11011 010 1111	OK! OCCOR!			
OF INJURY (APPROX.)		m. W							
OF INJURY (APPROX.)	v that I hold an In	m.  \	ORK L AT	WHILE			al. :		
OF INJURY (APPROX.)  23.	y that I held an In	m.[\	Inspection pA	WHILE WORK	and that on th	is basis, dea			
OF INJURY (APPROX.)  23.	y that I held an In d fram: Natural caus	m.[\	ORK L AT	WHILE WORK	and that on th	is basis, dea			
OF INJURY (APPROX.)  23.  I certify		m.[\	Inspection pA	WHILE WORK	and that on th	is basis, dea			ATE SIGNED
OF INJURY (APPROX.)  23.  I certify resulted	d fram: Natural caus	m.[\	Inspection PA	tapsy X	and that on th	is basis, dea Jndetermined XAMINER			ATE SIGNED
OF INJURY (APPROX.)  23.  I certify	d fram: Natural caus	m. W	Inspection PA	tapsy X  de H	and that on th omicide U	is basis, dea Jndetermined XAMINER		D	PATE SIGNED
OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATUR	d fram: Natural caus	m. W	Inspection PA	tapsy X  de H	and that on th omicide \to \text{U} \text{U} CHIEF MEDICAL E	is basis, dea Jndetermined XAMINER		D	
OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATUR EXAMINER NAME (Typ  24A. BURIAL CREMA	d fram: Natural caus  RE WORK  VSF  Werner  ATION, [248. DATE	m. w	Inspection PA	white work de H	and that on the omicide to the control of the contr	is basis, dea Jndetermined XAMINER  XAMINER  XAMINER  XAMINER	manner	12	
OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATUR EXAMINER NAME (Typ  24A. BURIAL CREMA	d fram: Natural caus  RE WORK  VSF  Werner  ATION, [248. DATE	m. w	Inspection PAGE Suici	white work de H	and that on the omicide to the control of the contr	is basis, dea Jndetermined XAMINER  XAMINER  XAMINER  XAMINER		12	./10/68
OF INJURY (APPROX.)  23.  I certify resulted SIGNATUR EXAMINER NAME (Typ  24A. BURIAL CREMA REMOVAL (Specify)	d fram: Natural caus  RE WWW  VSV  Werner  ATION, 248. DATE  12-14	m. w	Inspection PAGE Suici	white work de H	and that on the omicide to the control of the contr	is basis, dea Jndetermined XAMINER  XAMINER  XAMINER  XAMINER	manner	12	2/10/68
OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATUR EXAMINER NAME (Typ  24A. BURIAL CREMA	d fragn: Natural caus  RE WORLD  REPORT  POPE  ATION, 24B. DATE  12-14  Y HEAUTH DEPT.	m. w	Inspection PAGE Suici	white work de H	and that on the omicide to the control of the contr	is basis, dea Jndetermined XAMINER  XAMINER  XAMINER  XAMINER	manner	12	2/10/68
OF INJURY (APPROX.)  23.  I certify resulted SIGNATUR EXAMINER NAME (Typ  24A. BURIAL CREMA REMOVAL (Specify)	d fram: Natural caus  RE WWW  VSV  Werner  ATION, 248. DATE  12-14	m. w	Inspection PAGE Suici	white work de H	and that on the omicide to the control of the contr	is basis, dea Jndetermined XAMINER  XAMINER  XAMINER  XAMINER	manner	12	2/10/68
OF INJURY (APPROX.)  23.  I certify resulted SIGNATUR EXAMINER NAME (Type 24A. BURIAL CREMA REMOVAL (Specify)	d fragn: Natural caus  RE WORLD  REPORT  POPE  ATION, 24B. DATE  12-14  Y HEAUTH DEPT.	m. w	Inspection PAGE Suici	white work de H	and that on the omicide to the control of the contr	is basis, dea Jndetermined XAMINER  XAMINER  XAMINER  XAMINER	manner	12	2/10/68



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68	1	2606	

## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68 12606						
BIRTH NO.	· · · · · · · · · · · · · · · · · · ·						
1. NAME OF DECEASED (Type or Print)	2. DATE Known Annth Doy Yeor Hour OF 12 1/4 68 10.50 A						
BERTHA SARAH POWELL	OF DEATH Estimoted 12 14 68 10:50 A.M.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  December 14, 1968 10:50A. M.  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)						
39 Provident Hospital	A. STATE  Maryland  B. COUNTY  B. COUNTY						
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Female Negro widowed⊠ divorced □	Baltimore YES 🔀 NO 🗌						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. House 1 Age (In years In years) 10. AGE (In years) 10. AGE (	908 Arlington Street						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
Baltimore, Maryland WHAT COUNTRY?	Mervin A. Moals						
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME						
Unemployed	Mary Ellen Iler						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dates of service)  NO  SECURITY NO.	Thomas Powell (Son) 908 Arlington Street						
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
	CAUSE Programonia complicating cerebral						
(This does not mean the mode of dying, e.g.,	AUSE Pneumonia complicating cerebral						
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)  fracture	re of pelvis and right hip						
ANTECEDENT CAUSES (B)	AC A CONCEOURNER OF						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
UNDERLYING CONDITION LAST.							
E 936,5 II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.							
DISEASE OR CONDITION GIVEN IN PART 1 (A).							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)						
	No						
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (If in Boltimore City, give exoct location) to bldg., etc.) INJURY OCCUR?						
	Fremont Avenue near Arlington Avenue						
UTING CAUSE OF DEATH.  Street  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F HOW DID IN HIRY OCCUR?						
OF INJURY (APPROX.) 11 22 68 P WORK NOT	WHILE X Unknown - knocked down by car or						
(APPROX.) 11 22 68 P. m. WORK AT V	WORK Unknown - knocked down by car or assailant						
23.							
	topsy ond that on this basis, death in my opinion						
resulted from: Notural couses Accident Suicident	de Homicide Mandetermined manner X						
ACTUAL (1 P. OO)	CHIEF MEDICAL EXAMINER						
	DATE SIGNED						
SIGNATURE MADE M.E.	DATE SIGNED  DATE SIGNED  1 - 22 - 69						
SIGNATURE EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSISTANT MEDICAL EXAMINER  DATE SIGNED						
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER 1-22-69						
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	DATE SIGNED  ASSISTANT MEDICAL EXAMINER 1-22-69  Or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 12-19-68 Stevens A.M	or CREMATORY  24D. LOCATION (City, town, or county)  E. Che Ceme Sparks, Maryland						
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	DATE SIGNED  ASSISTANT MEDICAL EXAMINER 1-22-69  Or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						



VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

68-12607

NO

U.S.A

ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

ADDRESS

(State)

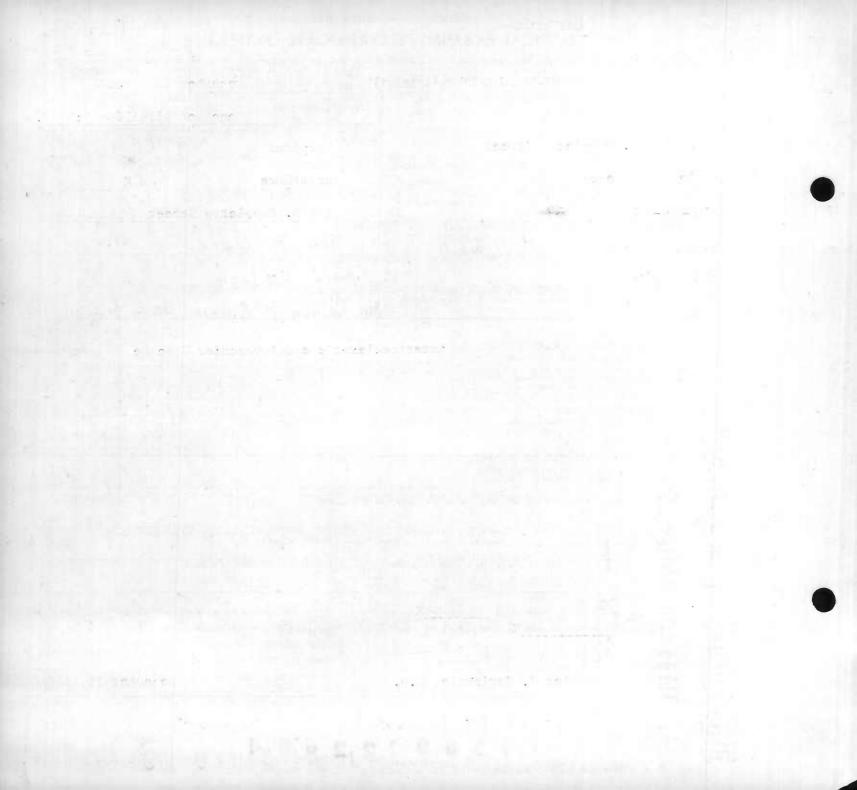


W-350 Q-500 BIR

VS 151-REV. 1/1/6B

68-12608 BALTIMORE CITY HEALTH DEPARTMENT 68-12608

BIRTH NO.	WEI	JICAL EX	AMINER 5	LEKIIF	CATE OF	DEAT	REG. NO.			
. NAME OF DECEASED Type or Print) RUDOLPH MC QUEEN (Queen				2. DATE OF DEATH	Known 🔼	Month Decen	nber 11,	Yeor 1968	Hour	М.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION  106 N. Poppleton Street				UNCED DEAD		nber 11,	1968		140	
			S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  Maryland							
S. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY MINITS?	0	
Male	Negro	WIDOWED			Baltimore		YE	s 🛚	NO 🗌	
D. DATE OF BIRTH  10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.  11-25-1911  57										
	N. C.		TIZEN OF HAT COUNTRY?	13. FATHE		Que		7		
4A.USUAL OCCU	PATION (Give kind of working life, even if retired)		USINESS OR INDUSTR	V 15. MOTH						
6. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARME (If yes, give wor or dote:	D FORCES? s of service)	17. SOCIAL SECURITY NO.	Mr. C	MANT LINNA M	C Quee	N 22	DO Bro	A NT	Are
(This does no heart failure injury or con AR DISEASES (RISE TO THE UNDERLYIN	LEADING TO DEATH  not mean the mode of di , osthenio, etc. It means it implication which coused do  NTECEDENT CAUSES  OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST.  NG CONDITION LAST.  II  INFICANT CONDITIONS  ATH BUT NOT RELATED TO	LE disease, soth.)  IY, GIVING ATING THE	(A)IMMEDIATE	CAUSE AS A CONSE		vascula	ii uisea	se		
DISEASE OR	CONDITION GIVEN IN	PART 1 (A).	VHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
0									No	
UNDERLYING UTING CA	NAL CAUSE WAS G OR CONTRIB- LUSE OF DEATH. (Month) (Doy) (Yes	or) (Hour) 22		in or obout ce bldg., etc.)	22C. WHERE DID INJURY OCCUR? 22F. HOW DID IN			ct locotion)		
ACTUAL SIGNATI EXAMIN NAME (1	URE Charles  ER'S Charles  Type)  MATION,   24B. DATE	S. Spri	Inspection Au cident Suicident M.D. Mgate, M.D.	D. ASS	amicide  CHIEF MEDICAL ISTANT MEDICAL OCIATE MEDICAL	Undetermi EXAMINER EXAMINER		_		968
REMOVAL (Speci	(v)	-68 h	the Aubuka	s Cen		Balton	nore,		H	d.
	BY HEALTH DEPT.		OF REGISTRAR	2 256	RETUNE DIRECT			DDRESS	rirens	SH.



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Knawn Manth (Type or Print) OF RALPH WILSON December 14, 1968 Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF December 14, 1968 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION (DOA) B. COUNTY Maryland General Hospital Maryland 7. RACE C. CITY OR TOWN D. INSIDE-CITY UMUS? 6. SEX B. MARRIED X NEVER MARRIED Male Negro Baltimore WIDOWED YES X DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) Manths | Days | Haurs | Min. 607 W. Hoffman Street 2-28-1912 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? U.S.A Westminister, S.C. U.S.A. Henry Wilson
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of warking life, even if retired) Mattie Crooks Construction Work 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, naarunknawn)((If yes, give war ar dates af service) 17. SOCIAL SECURITY NO 8. INFORMANT ADDRESS 9 No. 7-05-9305 Mrs. Cora Wilson 607 CAUSE OF DEATH Hypertensive and arteriosclerotic DISEASE OR CONDITION DIRECTLY LEADING TO DEATH cardiovascular disease (A) IMMEDIATE CAUSE (This does not mean the made of dylng, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

Hour Haur 12:08 P.M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) NO W. Hoffman St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) (Partial) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  $\overline{0}$ 22B. PLACE OF INJURY(e.g., in ar about 22C. WHERE DID (If in Baltimore City, give exact lacation) hame, farm, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Manth) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY NOT WHILE WHILE AT (APPROX.) AT WORK WORK 23. (Partial) Inspection I certify that I held an Inquiry Autopsy X and that an this basis, death in my apinion resulted fram: Natural causes 🛛 Hamicide _ Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGN ATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. December 15, 1968 NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, tawn, ar county) REMOVAL (Specify) Burial 12-17-68 Rolling Green Cem. Chester Co., Pennsylvania 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MORTON & DYETT F.H. 1701 Laurens St. VS 151-REV. 1/1/68

CONTROLLER CONTROL CON and the state of t IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO -

Hours

RETWEEN ONSET AND DEATH

II Under 24 Hrs.

500	BIRTH NO. DO 12011 CERTIFICATE OF DEATH REG. NO. DO 12011
f death eceased on the h. Such	BIRTH NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
Ś	(Type or Print) PETERS ROSE K. 12/14/68. 10-50AN
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOLINGED DEAD 4. USUAL RESIDENCE (Where deceded lived, if institution; residence before admission)
	A, STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OC. CITY OR TOWN  OC. CITY OR TOWN
	LUTHERAN RAITIMORE YES NO
	HOSPITAL OF BALTIMOR
ľ	MARYLAND 1135 N. FULTON AVF. 21217.
	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors   If Under Yr., If Under 24 Hrs.
	FEMALE   Negro   Markied   Negro   Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of preign country) 12. CITIZEN OF WHAT COUNTRY
	Damestic Itome Legonia houisianna U.SA.
	Domestic Itome Legonia, Nouisigning U. SH.
	T1. 01:101
	vonn Cline Evlien Dell
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) Ulf yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
l	213-32-1456 DANIE PETER - 1135 Fulton Ave.
1	18. 4 / 2 / 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, asthema, etc. II means the disease,
	injury or complication which caused death.)  ANTECEDENT CAUSES
	(B) tall talmondry occount.
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  rise to the above cause (A) stating the
	UNDERLYING CONDITION lost. (C)
	7443X II
l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).
	DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home form foctory street office bidg. INJURY OCCUR?
	O
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
	OF INJURY (APPROX.)  While A1 Not While Not Work
	22. I certify that (this hospital) attended the deceased from 12-10-1968 to 12-14-1968
	that (we) lost sow the deceased alive on 12 -14 - 1968 and that in (our) opinion death accurred on the dat
	and hour and from the causes stated above. (1) (did) (did) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	M.D. Attending Med. Director Staff Phys. Director Phys. 8. 12-14-1968
	23C. PHYSICIAN'S
	NAME (Type) BALTIMORE
	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)
	BURIAL 12-19-68 ST. SMATTHEWS & O New ORLEANS FA.
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS
1	VS 150-REV. 1/11/10 C 171968 Poles E. Farkynn MORTON & DyeTT F. H., 1701 LAYRENS

BALTIMORE CITY HEALTH DEPARTMENT

Control to the control FEWALE INSPER TERROR STATE

To To To any with The Assistance of the

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

BAC LANDER Change of the resonant THE PRESENTATION OF THE TOO IN CHENOUNSIN BY EAST PRODUCT ET 28 E1 8 9 X South Continue 163×11 456 AND HOSE WAS THE WAS TO SEEN, SO IS NOT Confilment bronchopmen -st lower lobe anima senere Durchemak ulasa, chronic and south bleeding.

ANGLIS D. WILLIAM

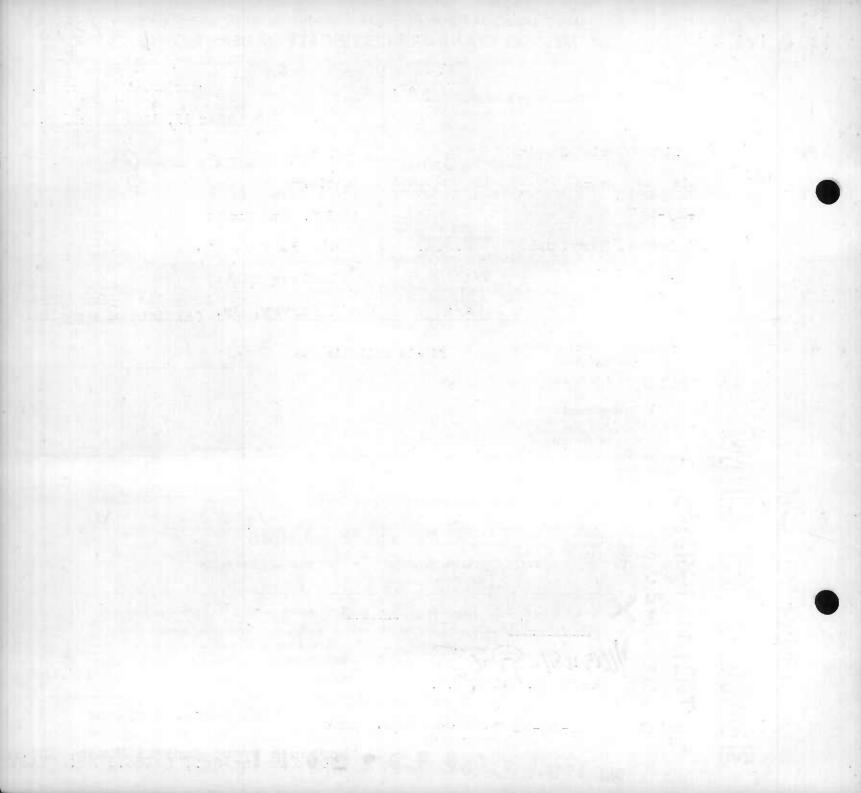
IRTH NO. 68	-1261	A			68-12614
NAME OF DECEASED	IAT TATE		2. DATE	AND HOUR OF DEATH	
CLAREI		(D			Approx. 1 A.M.
. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		A. STATE B. CO	Vhere deceased lived. If inst DUNTY	titution: residence befare odmissian)
		give street	BALTIMORE	1	JRAL and give township)
OO 2710 Ruscomb	oe Lane	)			
Male Negro	Mari	, DIVORCED (specify)	June 23,19	13 55	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	GIOB, KIND OF	ROZINEZZ OK INDOZIKI			12. CITIZEN OF WHAT COUNTRY?
	Beth-	Steel			U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
James Byrd			Ledd	ie Joyner	
5. Was Deceased Ever in U. S. Armed Far Tes, no or unknown) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		213-09-0459		e Byrd 2710	
A	ECTLY 1	CAUSE O	FDEATH		ONSET AND DEATH
LEADING TO DEATH		(A) Coro	nary Insuffici	lency	1 Yr.
heort failure, asthenio, etc. It meons	the disease,				
ANTECEDENT CAUSES	5 years				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH	Diab	etes mellitus		
19A. DATE OF OPERATION 19B. CON WAS PERI		HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	21 B, hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR	(If in Boltimore	City, give exoct locotion)
21D. TIME (Month) (Doy) (Year)	Whi	le At Not While		INJURY OCCUR?	
22. I certify that (I) (this hospital	) attended th	e deceased fram	1940	19 to Dec	14. 1968 19
			968 19 and	that in (my) (aur) apini	ian death accurred on the date
23A. SIGNATURE					23B, DATE SIGNED
To have	~	M.D. Atte	nding X Med.	Staff Phys.	12/17/68
23C. PHYSICIAN'S	T O LOTT	~	23D. ADDRESS	14- 3 i Ct - C	
NAME (Type) RAYNER E	ROWNE	MID	1500 E.	Madison St. 2	21205
4A. BURIAL CREMATION, 248. DATE		M.D.		**	. lawn, ar caunty) (Stotel
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY or CRE	MATORY 24D	LOCATION (City	, tawn, ar caunty) (Stotel
4A. BURIAL CREMATION, 248. DATE	24C. NA	me of CEMETERY of CRE	MATORY 24D	Laurel,	
	M.E. CASE NO.  I.NAME OF DECEASED Type or Print)  CLARET  I. PLACE OF DEATH IN BALTIMORE, MA  FULL NAME OF Address or location INSTITUTION  2710 Ruscom  I. SEX  C. RACE  Male  Negro  100. USUAL OCCUPATION (Give kind of working life, even if refired)  Laborer  3. FATHERS NAME  James Byrd  5. Was Deceased Ever in U. S. Armed Fartes, no or unknown) (If yes, give wor or dote  18.  DISEASE OR CONDITION DIF  LEADING TO DEATH  (This does nal meon the mode of heorif failure, asthenio, etc. It meons injury or camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A)  UNDERLYING CONDITION Idsl.  VIOLET SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADING TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADI	M.E. CASE NO.  I. NAME OF DECEASED Type or Print)  CLARENCE BYF  B. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF dedress or location)  FULL NAME OF HOSPITAL OR (If not in hospitot or institution, and address or location)  FULL NAME OF dedress or location)  FULL NAME OF DEATH OF DEATH  FULL NAME OF DEATH  FULL NAME OF DEATH OF DEATH  FULL NAME OF DEATH	CERTIFICA  M.E. CASE NO.  L. NAME OF DECEASED  Type or Pain!  CLARENCE BYRD  D. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF INSTITUTION  CASE NO.  L. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF INSTITUTION  CASE NO.  CASE NO.  L. PHOSPITAL OR INSTITUTION  CASE NO.  CASE NAME  CASE NAME  CASE NAME  CASE NO.  CAUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY MATTION  CAUSE OF CONDITION DIRECTLY  LEADING TO DEATH  (Ihis does not mean the mode all dying, e.g., heard failure, asthenio, etc. Il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION (ast.)  CAUSE OF CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION COURSED WAS PERFORMED  DISEASE OR CONDITION COURSED WAS PERFORMED  OR CONTRIBUTING CAUSE OTHER CONDITION FOR WHICH OPERATION WAS PERFORMED.	CLARENCE BYRD  PLACE OF DEATH IN BALTIMORE, MARKIAND  PLACE OF DEATH IN BALTIMORE, MARKIAND  CLARENCE BYRD  PLACE OF DEATH IN BALTIMORE, MARKIAND  CLY OR TOWN  BALT IMORE  CLY OR TOWN  BALT IMORE  C. STREET ADDRESS  2710 Ruscombe Lane  2710 Ruscombe Lane  2710 Ruscombe Lane  C. STREET ADDRESS  2710 Ruscombe Lane  C. STREET ADDRESS  CAUSUAL OCCUPATION (Give kind of work 108, kind of Fausiness or Industry 10, sirrent address of Irolino)  AUSUAL OCCUPATION (Give kind of work 108, kind of Fausiness or Industry 11, sirrent address of Service)  D. STREET ADDRESS  2710 Ruscombe Lane  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  Married  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. CITY OR TOWN  BALT IMORE  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. CITY OR TOWN  BALT IMORE  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. CITY OR TOWN  BALT IMORE  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. CITY OR TOWN  BALT IMORE  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. CITY OR TOWN  BALT IMORE  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. STREET ADDRESS  2710 Rusco  MARYLAND  C. STREET ADDRESS  2710 Rusco  MARYLAND  C. STREET ADDRESS  2710 Rusco  MARYLAND  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. STREET ADDRESS  2710 Rusco  MARYLAND  D. STREET ADDRESS  2710 Rusco  MARYLAND  C. STREET ADDRESS  ANTECHNER  MARYLAND  C. STREET ADDRESS  2710 Rusco  MARYLAND  C. STREET ADDRESS  ANTECHNER  MARYLAND  C. STREET ADDRESS  ANTECHNER  MARYLAND  C. STREET ADDRESS  ANTECH	ALE CASE NO.  INSAME OF DECEASED Type or Famil Type or Fam

H-610

68-12615 BALTIMORE CITY HEALTH DEPARTMENT

68-12615

BIRTH NO. 64-25935 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
(Type or Print) CECIL HARVEY, Jr.	December 15, 1968 9:55 PM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  December 15, 1968 9:55 P. M.  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
Union Memorial Hospital	A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN P. INSIDE CITY MITS?
Male negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.   lost birthday)   Months   Doys   Hours   Min.	E. STREET AND NUMBER
9-23-64	1805 E. 32nd Street
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAJ COUNTRY?	Cecil Harvey, Sr.
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
N/A N/A	Delorisea Beatty
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	1805 East 32nd Street
N/A N/A	Cecil Harvey, Sr. Baltimore Maryland
19. 2 2 5 CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIPECTLY	ell Di <b>s</b> ease
(A)IMMEDIATE C	AUSE
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
92.6	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 1	Yes
U HAIDEDLYING TOR CONTRIB	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23. m. WORK AT W	
1 certify that I held on Inquiry Inspection Au	topsy 🛚 ond that on this basis, death in my opinion
resulted from: Notural couses 🛛 Accident 🗌 Suicid	le Homicide Undetermined monner
14.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANA M.D. M.D.	ASSISTANT MEDICAL EXAMINER 🔠
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER   12/16/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
Burial 12-20-68 Arbutus Mem	. Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
17 100 00 6 9 Falley	Morton & Dyett Funeral Homes, Inc. 1700 Laurens St. Balto. Md. 2121
7 10 Ck (2 0 K 2 . NO Ck	V TON Partiens pro Parro Hrd CIS



VS 150-REV. 1/1/68

NO

Hours

APPROXIMATE INTERVAL

ADDRESS

If Under 24 Hrs. Hours Min.

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VS 150-REV, 1/1/68

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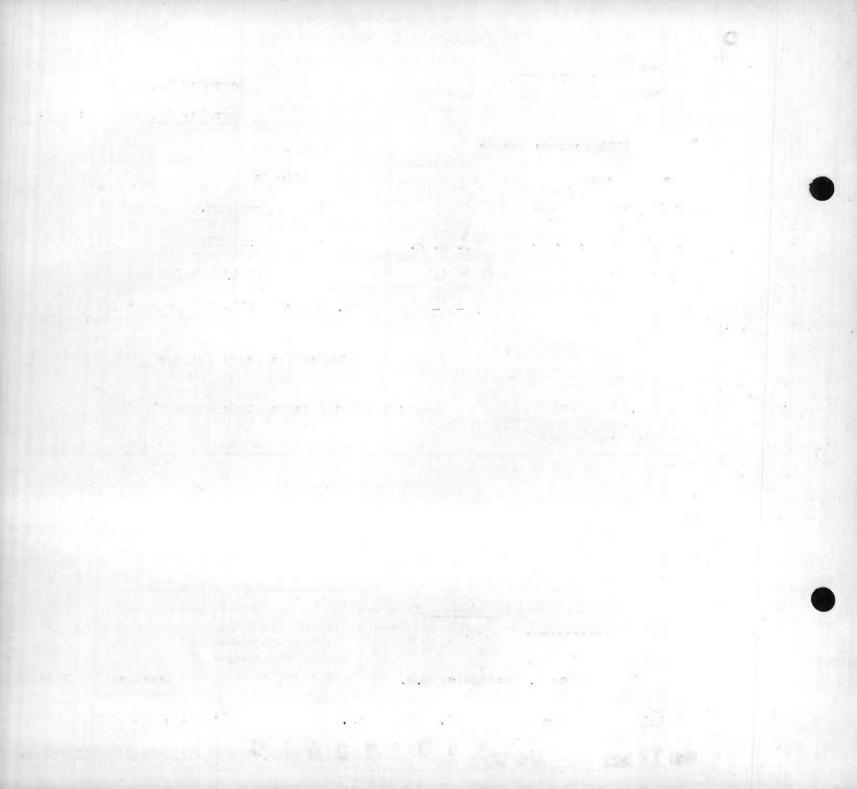
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H 400

60-10010

BIRTH NO.	TCOTA WED	ICA	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.		Fix C!	
1. NAME OF DEC (Type or Print)	CURTIS	HILL		2. DATE OF DEATH	Known ∑	Month Decem	Doy ber 13.	Yeor 1968	Hour	М.
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, V (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	STITUTION, GIVE STREET	3. DATE PRONC	DUNCED DEAD RESIDENCE (Where	Month Decem	Doy ber 13,	Yeor 1968		P. M
6. SEX	7. RACE			C. CITY O	Maryland		D. INSIDE CIT	TV LIANTS	1 - (	7
Male	Negro	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED		Baltimore				NO 🗆	
9. DATE OF BIRT	lost hirthdo		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		2221 Penros	se Ave	•			
	ansburg, S. (	c.	12. CITIZEN OF WHAT COUNTRY?	13. FATHE		hn Hil	1			
	vorking life, even if retired)		of Business or Industry uck Rental	15. MOTH			Foster			
16. WAS DECEAS	ED EVER IN U.S. ARMED	FORCE	S? 17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		
No	(ii yes, give wor or doles		238-10-4101	Mrs.	Georgia H	ill-22	21 Penro	ose Av	we	
(This does in heart foilure injury or con AI DISEASES CRISE TO THE UNDERLYIN	E OR CONDITION DIRECT LEADING TO DEATH not mean the mode of dy osthenio, etc. It means the nplication which caused decorate to the condition of the course of the condition of the course of the course (A) STANG CONDITION LAST.	ing, e.g., e diseose, oth.) (, GIVING TING THE	(B) Aortic DUE TO, OR A  (C)	AUSE CO	ngestive heavence of:  disease (			BETV	VEEN ONSET	AND DEATH
DISEASE OR	CONDITION GIVEN IN PA	ART 1 (A)								N N
	F OPERATION 208. COI	NDIIION	FOR WHICH OPERATION WA	AS PERFOR	MED			21. AUIC	PSY? (Yes	or No)
UNDERLYING	NAL CAUSE WAS ON CONTRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office			lf in Boltimor	e City, give exo	ct locotion)	No	
	(Month) (Doy) (Year	-) (Ноц	m. WHILE AT NOT NOT AT W	WHILE -	22F. HOW DID INJ	IURY OCCI	JR?			
	ER'S Charles	ses X	Inspection X Au	topsy		Undetermin XAMINER XAMINER	ned manner		DATE SIG	
24A. BURIAL CRE	MATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMAT	ORY 24D. I	LOCATION	(City, town	, or county	) (Sto	ote)
REMOVAL (Speci Burial		1968	Mt. Auburn	Cem.		Balti	imore, M			
	BY HEALTH DEPT.		NAME OF REGISTRAR	25C.	FUNERAL DIRECTO			DDRESS ruid 1	Hial A	venne



C-160

## 68-1262MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-12620

BIR	TH NO.									KEO. 110.			
	NAME OF DEC		BEATRI	CE CO	OOPER		2. DATE OF DEATH	Known 🔀	Month Decemb	ber 14,	Year 1968	11:00	P
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Year	Hour	141.	
FUL	L NAME OF	(IF NOT		AL OR INS	TITUTION, GI			JNCED DEAD		ber 14,	1968	11:00	P M.
OR,	INSTITUTION							ESIDENCE (Where			n: residence b	efore admissi	an)
1000	Jo	hns Ho	pkins	Hospi	ita1		A. STATE	Maryland	В.	. COUNTY			
6.		7. RACE				ER MARRIED	C. CITY OR		T	D. INSIDE CI	TY LIMITS?	20	7
	emale	Neg		WIDOV		DIVORCED	11	Baltimore		d'y	ESX	Not /	
9.1	DATE OF BIRTH	2	10. AGE (Ir	y)		r. If Under 24 Hrs. ys _I Haurs _I Min.		ND NUMBER				- /	
1	11817	. 0	48					1302 Silve	rthorn	Road			
11.	BAL I	ate or foreign	n country)		WHAT	OUNTRY?	13. FATHER	ARA	LAN	gley			
	during most of w	orking life, eve		14B. KING	of BUSINI	SS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	05 K11	15			
16.	WAS DECEASE		J.S. ARMET	FORCE	5?   17. St	OCIAL	18. INFORM	- had	-		DDRESS	11	
	s, no or unknown)				) SI	CURITY NO.	Emo	11	CoopE		25/1	VERTHOR	NE RO
	19.	2 6/2			KIN	CAUSE OF DEA	, , ,					PROXIMATE INTE	
	7-1-	1						ic cardiov	2001121	r diana		EEN ONSET AND	) DEATH
		OR CONDI		CTLY				te cardiov	asculai	L ulsea	.se		
	heort failure,	ot mean the asthenia, etc.	It means the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	injury ar cam	plication whic	h caused dec	ath.)									
		R CONDITION		CIVING		(B)	AS A CONSE	SILENCE OF:	~~~			halfardis dhalfariga dan dhalan daran ayadh abradan	an eglenghenn om dyn spiresjo e
	RISE TO THE	ABOVE CAL	JSE (A) STAT	TING THE		002 10, 01	A A COMOE	QUENCE OI.					
z	UNDERLYIN	G CONDITI	ON LAST.			(c)							
일	4221	/	II										
CERTIFICATION	TO THE DEA	FICANT CON TH BUT NOT CONDITION	RELATED TO	THE TERM	INAL		·					. mar wish sama mar wish wish sama wish wish wish wish wish wish wish wish	400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
RT	20A. DATE OF	OPERATION	20B. COL	NOITION	FOR WHICH	OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	No)
ü	2.										V	es	
	22A. EXTERI	VAL CAUSE	WAS		22B. PLACE	OF INJURY(e.g.	in or obout 2	2C. WHERE DID (	(If in Baltimare	City, give exc		CD	
S	UNDERLYING UTING CA				home, farm,	factory, street, offi	e bldg., etc.) II	NJURY OCCUR?					
MEDI	22D. TIME (		ay) (Year	r) (Hau	r) 22E.1NJ	URY OCCURRED	2	2F. HOW DID IN.	JURY OCCUR	R?	14.10		
	OF INJURY (APPROX.)				WHILE A		WHILE						
	23.				m. WORK	AIN	VORK						
		fy that I he		nquiry	_ Insp		itopsy X	ond that on th	his basis, d	leoth in my	apinion		
	result	ed from: N	otural cou	ses X	Accider	nt U Suici			Undetermine	ed manner L			
	ACTUAL	or A	n.S	1	1	met.		CHIEF MEDICAL E STANT MEDICAL E		<u></u>		DATE SIGNI	ED
	SIGNATU EXAMINI	R'S Cha	arles	S. Sp	ringat	e, M.D.	ASSC	CIATE MEDICAL E	XAMINER [	Dece	mber 1	5, 1968	3
	A. BURIAL CREA	ATION, 2	4B. DATE	,	24C. NA/	ME of CEMETERY	ar CREMATO	DRY 24D.	LOCATION	(City, taw)	n, ar caunty)	(State	)
RE	MOVAL (Specif	AL.	12/19	9/68	Br	1270.1	VATION	AL 5	5011	FREO	lerici	K H	VE.
25.	A. DATE REC'D	DEC 1	7 1968		NAME OF RE	GISTRAR JULIER M.		SUNERAL DIRECTO	Locks	13	DDRESS	Centra	day
V5	151-REV. 1/1/68						( )	1		1			

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BALTIMORE CITY HEALTH DEPARTMENT 68-12621MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO 68-1262 BIRTH NO 1. NAME OF DECEASED 2. DATE Known | Month Dov Hour (Type or Print) OF December 15, 1968 LEE Estimoted X DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 3:30 P. December 15, 1968 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY Hopkins Hospital (DOA) Maryland 7. RACE 6. SEX C. CITY OR TOWN D. LAISIDE CITY LIMITS 8. MARRIED NEVER MARRIED WIDOWED Baltimore YES X DIVORCED male negro NO L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months | Doys | Hours | Min. lost birthday) 66 2714 E. Biddle Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even \( retired \) ONTERCTOR 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT ADDRESS 17. SOCIAL (Yes, no or unknown) (Il yes, give wor or dotes of service) SECURITY NO 216-10-345 CAUSE OF DEATH APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ON TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Hour) (Yeor) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. Inspection X I certify that I held on Inquiry Autopsy ond that on this bosis, death in my opinion Suicide resulted from: Notural couses X Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 12/15/68 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

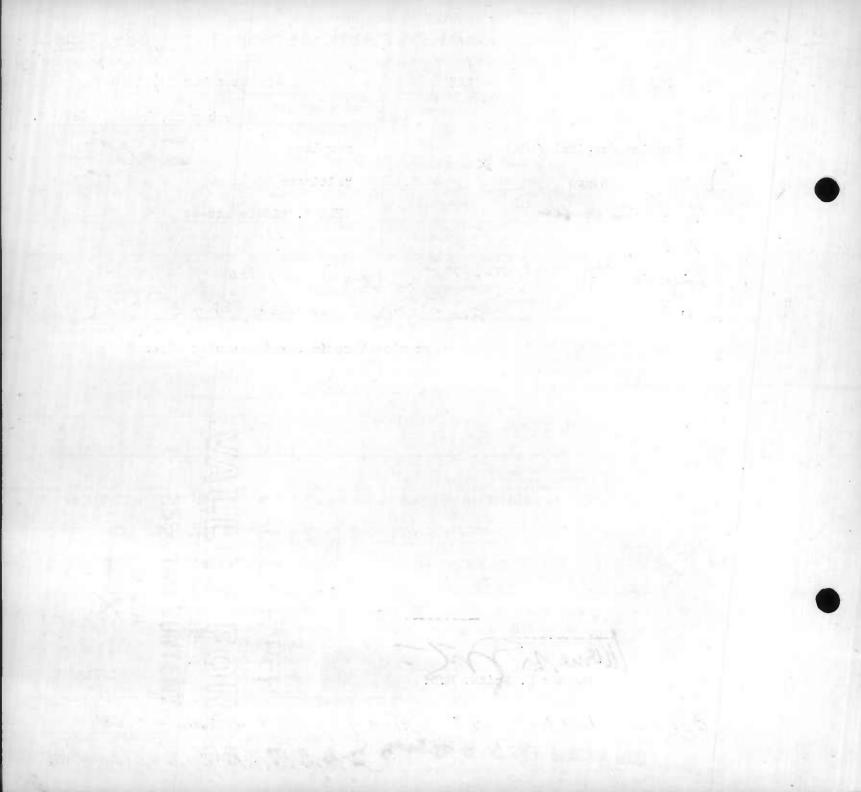
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

**ADDRESS** 

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT



68-12622 BALTIMORE CITY
MEDICAL EXAMINED'S

N869,0

68-	1	2	6	2	6
-	-		~	Labor	

BIRTH NO.	MEL	JICAI	L EXAMINER 3		ATE OF	DLA III REG	3. NO			
I. NAME OF DEC	EASED			2. DATE	Known 🔯	Month D	оу	Yeor H	lour	
(Type or Print)	MONTE	JAME	S MAYNOR	OF DEATH	Estimoted	December	13, 1	968		м.
A. PLACE IN BALT	IMORE, MARYLAND,			3. DATE			DY		our	141.
ULL NAME OF			STITUTION, GIVE STREET	PRONOL	NCED DEAD	December	13 1	968 7	:15 H	<b>.</b>
IOSPITAL OR INSTITUTION	ADDRESS OR LOC	(NOITA	(DOA)	5 IISHAI PE	SIDENCE (Where	deceosed lived. If it				
	7 1.1		, ,	A. STATE		B. CO				
	Baltimore C				IP.			2	1	
. SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR		D. IN	CITY	IMIIS?	) 11	
Male	Negro	WIDO	WED DIVORCED	13	ALTO.	0	YES	NO		
DATE OF BIRTH	1 10. AGE (		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET A	ND NUMBER					
11/12/	22 41	9	Nonins Boys Hoors   Min.	240	9 SPELL	MANRI	),			
I. BIRTHPLACE (SI	tote or foreign country)		12. CITIZEN OF	13. FATHER	SNAME					
N.	C-		WHAT COUNTRY?	A07	Lhun A	PAYNOK				
		114B. KIN	D OF BUSINESS OR INDUSTRY	15. MOTHER		ME				
	orking life, even if retired)	-	1 -1	. 3						
FRESS			for Shop				ADDI	VECC.		
	D EVER IN U.S. ARME (II yes, give wor or date:		e) SECURITY NO.	18. INFORM			ADDR		411-	
NO			242-16-6144	JOHN	MAYNOR-	459.5c	hwa		AVE	
19. —	14.0		CAUSE OF DEA	TH					XIMATE INT	
DICEACE	OR CONDITION DIR	ECTIV								
	EADING TO DEATH	ECILI		Min1	tiple sev	ere injur:	ies			
(This does no	of mean the mode of d	ying, e.g.,	DUF TO, OR	AS A CONSEQ	UENCE OF:	010 111,011				
heort failure,	osthenio, etc. It meons the	e diseose,								
		,								
AN	NTECEDENT CAUSES		(B)							
	R CONDITIONS, IF AN			AS A CONSEC	DUENCE OF:					
UNDERLYIN	IG CONDITION LAST.	AIIIO IN	(C)							
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF			10/							
OTHER SIGN	IFICANT CONDITIONS	ONTRIBL	JTING							
TO THE DEA	TH BUT NOT RELATED TO	O THE TER	MINAL							
20A DATE OF			FOR WHICH OPERATION W	AS PERFORM	FD		[2	1. AUTOPS	Y? (Yes or	No)
5 1	O, ERVINOIT   - OF CC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOR WHICH OF CRAHOTT III	TO TERT OWN						
141			T/			tree and the same			es	2000
	NAL CAUSE WAS  KIOR CONTRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout] 2 a bldg., etc.) []	VJURY OCCUR?	(If in Boltimore City,	give exoct l	ocalion)	2	2
	USE OF DEATH.		street /	) H	anover St	reet Bridg	ge- no	rth of	Wate	erv
	(Month) (Doy) (Ye	or) (Ho	ur) 22E.INJURY OCCURRED	9 2	2F. HOW DID IN	JURY OCCUR?				A
(APPROX.) 1	2-13-68 7:	00 P.	m. WHILE AT NOT	WHILE X	Run over	by car				
23.			III.] 110 III.	, out,		J				
1 certi	ify that I held an	Inquiry	Inspection Au	tap sy X	and that an t	his basis, death	in my ap	inian		
	ted fram: Natural ca		Accident X Suicio		micide 🗌	Undetermined m	anner 🗍			
result	rea fram: Natural ca	n (	Accident A Suici		CHIEF MEDICAL		dillier			
ACTUAL	(1)	XI	1-1					D	ATE SIGN	ED
SIGNATU	JRE CHAN	77	· M.C	ASSI	STANT MEDICAL	EXAMINER X				
EXAMINI NAME (T	ER'S Charles	S. S	Springate, M.D.	ASSC	CIATE MEDICAL	EXAMINER	Decem	ber 15	, 196	58
4A. BURIAL CREA		,	24C. NAME of CEMETERY	ar CREMATO	ORY 24D.	LOCATION (C	ity, town, o	r county)	(State	e)
REMOVAL (Specif	12/20	168	Mt. Aux!	BURN	1	BALTO. 1				
5A. DATE REC'D	BY HEALTH DEPT.	25B.	NAME OF REGISTRAR	25C.	UNERAL DIRECT	OR	ADD	RESS		T
	DEC 171968	Re	Jest E, tayloung	1) Who	L. Chai	wanfa-	701 2	me Car	ella	h.
S 151-REV. 1/1/68	N86	9.	(7)			/	nell	1 m	4	-

HEALTH DEPARTMENT

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Arthur Mayner .

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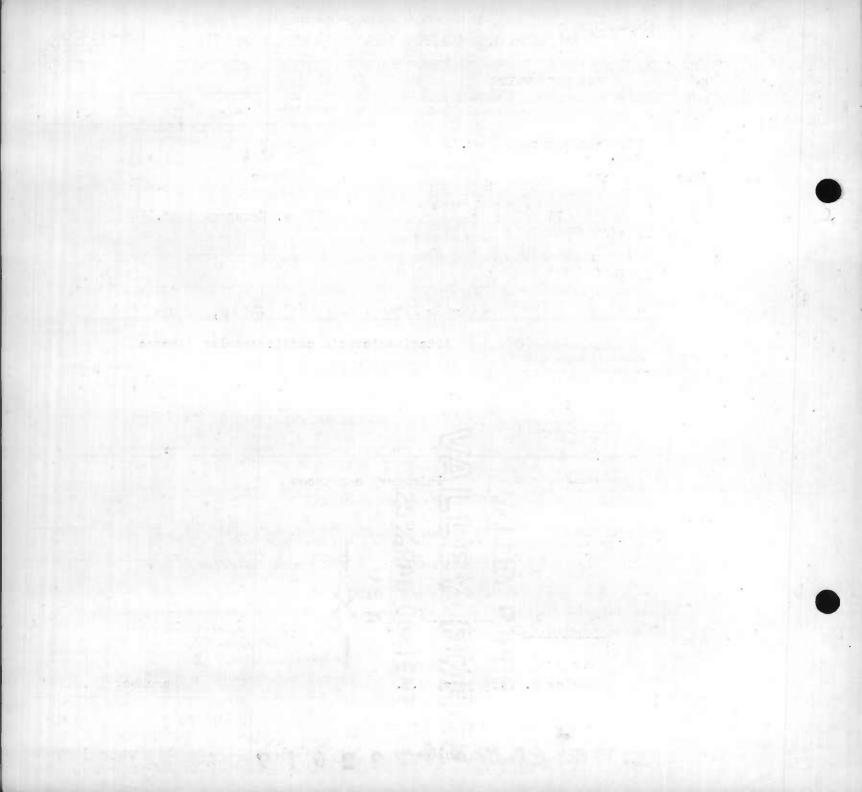
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A Maria Caralles Caralles A M

69_19099	BALTIMORE CITY HEALTH DEPARTMENT	
DO-LOWEDICAL	FXAMINER'S CERTIFICATE OF DEA	TH

BIR	TH NO.		MED	OICAL	EXA	AMINER'S	JERTIFI	CATE	OF DEAT	H REG. NO	00-	してりてく	
1. <b>І</b> Тур	NAME OF DEC		ENJAMI:	N WHI:	re		2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour	м.
NAME OF DECEASED   DENJAMIN WHITE   2. DATE   Xaoven   Manish   Doy   Year   Hour   Power   Power													
HO	SPITAL				IUIION	, GIVE STREET	5. USUAL F			ived. If institution:			
C	00	770 We	st Sar	atoga	Ap	t.104	A. STATE	Mary1a	nd	B. COUNTY	11.	-02	-
				B. MARRI	ED 🔲	NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?		
										YES	X	NO 🗌	
9. [	4 4		lost birthdo	y)	If Unde Months	r 1 Yr. If Under 24 Hrs. Doys , Hours   Min.	E. STREET			ea Apt.1	04		
11.							13. FATHER						
					0	D 21							
4A lon	.USUAL OCCUI	PATION (Giv	re kind of work ren if retired)	14B. KIND	OF BUS	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME				
					. 1.5		10 111500					:?	
16. Ye:	. no or unknown)	(If yes give	war or dates	of service)	2]	SECURITY NO. 12-42-3361			White.		DRESS		
	19.	2 thing				CAUSE OF DEA						PROXIMATE INTERV	
FICATION	(This does not heart foilure, Injury or com  AN DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DEA	ot meon the ostherio, etc. ostherio, etc. plicotion whl ostherio, etc. plicotion who ostherio etc. ostate etc. ostherio etc. ostate etc. ostherio etc. ostate etc. ostherio etc. ostate etc. ostherio etc. ostate etc. ostherio etc. ostate etc. ostherio etc. ostherio etc. ostherio etc. ostherio etc.	mode of dy the three mode of the course of decourse of decourse of the course of the c	e disease, oth.)  Y, GIVING TING THE ONTRIBUTION THE TERMI		(B)	AS A CONSE	QUENCE OF:					
ERTI					OR WI	HICH OPERATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes or N	0)
	0											No	
O	UNDERLYING	OR CON	ITRIB-	î	22B. PL A	CE OF INJURY(e.g., orm, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE D NJURY OCCU	ID (If in Boltimo	ore City, give exoc	t locotion)		
	OF INJURY			, , , , , , , , , , , , , , , , , , ,	WHII	LE AT NOT	WHILE	22F. HOW DIE	INJURY OCC	UR?			
	1 certi result ACTUAL SIGNATU EXAMINI NAME (T	JRE Cype)	harles	J J	Acc	Suicion Suicio	de H	omicide  CHIEF MEDIC ISTANT MEDIC DCIATE MEDIC	Undeterm AL EXAMINER AL EXAMINER AL EXAMINER	ined manner	mber	DATE SIGNED	
RE	A. BURIAL CREA	fy)	12/18	,	N	ational C	emeta	FUNERAL DIR		imore	or county	) (State)	
	0	EC 17		Robe	ME O	REQUESTRAR STUDIES	2 2	Carro	Ha	lstead 206 W N	Fune:	ral Hom	le
15	151-REV 1/1/68	1										- , 5	.6



VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. ADDRESS 2539 McCulloh Street BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) ond that in(my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county)

and the second s

68-12625 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-12	2625
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BIRTH NO.	MEDICA	AL EXAMINATION O	JEK I II IC	AILO	I DEATI	REG. NO.	
1. NAME OF DECEASED			2. DATE	Known 🗌	Manth	er 13,1968	ear Haur
(Type or Print) RUSSE	LL LEISTER		OF DEATH	Estimoted [	□ Decembe	er 13,1968	4:26 A.M
4. PLACE IN BALTIMORE	, MARYLAND, WHERE	PRONOUNCED DEAD	3. DATE		Manth		eor Haur
FULL NAME OF (I HOSPITAL A OR INSTITUTION	F NOT IN HOSPITAL OR I DDRESS OR LOCATION)	INSTITUTION, GIVE STREET		NCED DEAD		er 13,1968	4:26 A.  ence befare odmission)
	NES HOSPITAL	(DOA)	A. STATE M	aryland	В	COLINITIE	imore G
6. SEX 7. RAC		ARRIED NEVER MARRIED	C. CITY OR Balti		228	D. INSIDE CITY LIM	
Male W	nite   wid	OWED DIVORCED	Dalti	more 21	220	YES 🗌	NO 🖺
9. DATE OF BIRTH 4/24/32	10. AGE (In years last birthdoy)	If Under 1 Yr, If Under 24 Hrs. Manths, Days, Hours, Min.		nd NUMBER 1d Fred	erick Ro	ad	53-00
11. BIRTHPLACE (State or	areign cauntry)	12. CITIZEN OF	13. FATHER'S	NAME			
Catonsville		WHAT COUNTRY?	Russ	ell B.	Leister		
14A.USUAL OCCUPATION	(Give kind af work 14B. K	IND OF BUSINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN N	IAME		
dane during most of working l		7 Deilline	Done	o W Ti	chliter		
Well Drille 16. WAS DECEASED EVE	DINITIC ADMED FOR	CECO IT SOCIAL	IB. INFORM			3 Old APPRES	Swiple Da
(Yes, no ar unknawn) (If yes,	give war ar dates of ser	vice) SECURITY NO.					•
Mes K	TREA	218 26 3658 CAUSE OF DEA		y r.Lei	ster Cat	onsville,	APPROXIMATE INTERVAL
4/2.4	1	CAUSE OF DEA					BETWEEN ONSET AND DEAT
	ONDITION DIRECTLY	Arteri	osclerot	ic Card	liovascla	r Disease	
	G TO DEATH	(A)IMMEDIATE ( DUE TO, OR	CAUSE				
heart lailure, astheni	the made of dying, e a, etc. It means the disea n which coused death.)	eg., DUE TO, OR se,	as a conseqi	JENCE OF:			
	ENT CAUSES IDITIONS, IF ANY, GIVI	NG (B)	AS A CONSEC	UENCE OF:			
RISE TO THE ABOV	E CAUSE (A) STATING			021102 011			1.50 (1.39)
Z UNDERLYING CO	NDITION LAST,	(C)					
P 422.1	fl						
O THE DEATH BUT	CONDITIONS CONTRINOT RELATED TO THE TITLE OF THE TOTAL	ERMINAL				<b>*********</b>	
20A. DATE OF OPERA		ON FOR WHICH OPERATION W	AS PERFORM	ED		21. /	AUTOPSY? (Yes or No)
Ö							
₹ 22A. EXTERNAL CA	LISE WAS	228. PLACE OF INJURY (e.g.,	in or about 22	C WHERE DI	D (If in Baltimore	City, give exact laca	yes tign)
UNDERLYING OR UTING CAUSE OF	CONTRIB-	home, farm, factory, street, office	ce bldg., etc.) IN	JURY OCCU	??		
OF INJURY (Manth)	(Day) (Year) (	Haur) 22E.INJURY OCCURRED	22	F. HOW DID	INJURY OCCU	R?	
(APPROX.)			VORK				
23.	t I held on Inquir		itopsy 😾	and that a	n this basis, a	leath in my apini	on
				micide 🗌		ed monner	
resulted tra	m: Naturol causes	Accident Suici			L EXAMINER		
ACTUAL SIGNATURE	laved 11	1 Carble M.	ASSIS		AL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)	Ronald N.	Kornblum, M.D.		CIATE MEDICA	AL EXAMINER	☐ Decembe	er 13,1968
24A. BURIAL CREMATION REMOVAL (Specify)	, 24B. <b>DATE</b>	24C. NAME of CEMETERY	or CREMATO	RY 2	4D. LOCATION	(City, town, or c	ounty) (State)
Burial	12/16/68	Meadowridge M	emorial	Panle	Elkridge	Howa	ard Md.
25A. DATE REC'D BY HEA	LTH DEPT. 25	B. NAME OF REGISTRAR	25C. F	UNERAL DIRE	CTOR	ADDRE	1
	18 1004 /	of the Farbust	> High	who has	-Slack	Elli	ooteily, m.
VS 151-REV. 1/1/68	3 1 1 1200 A	W. Say					



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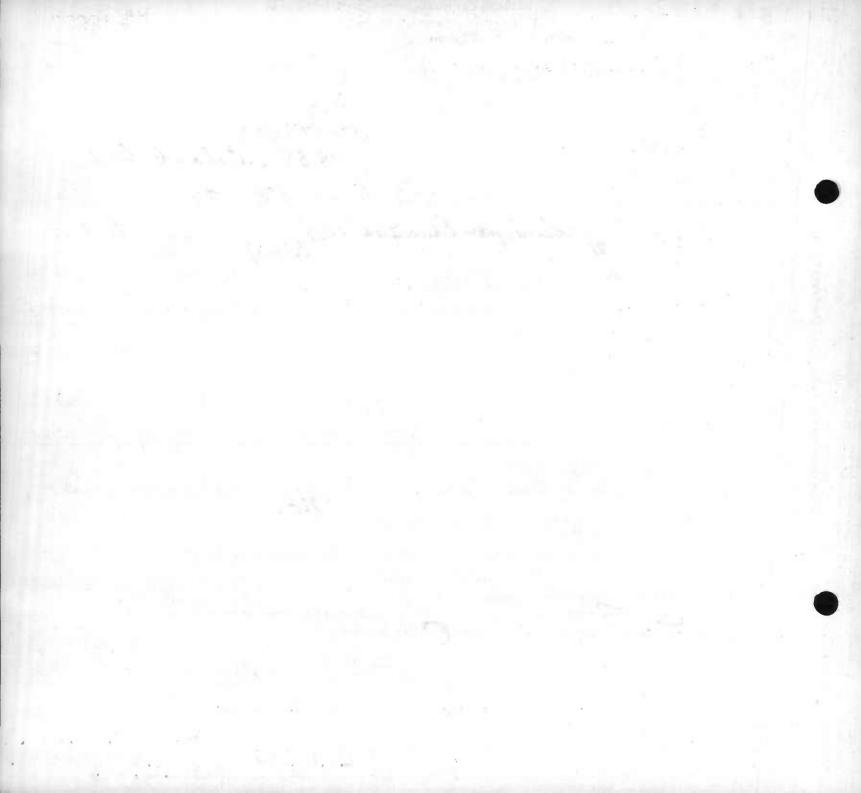
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- Branfping Garage

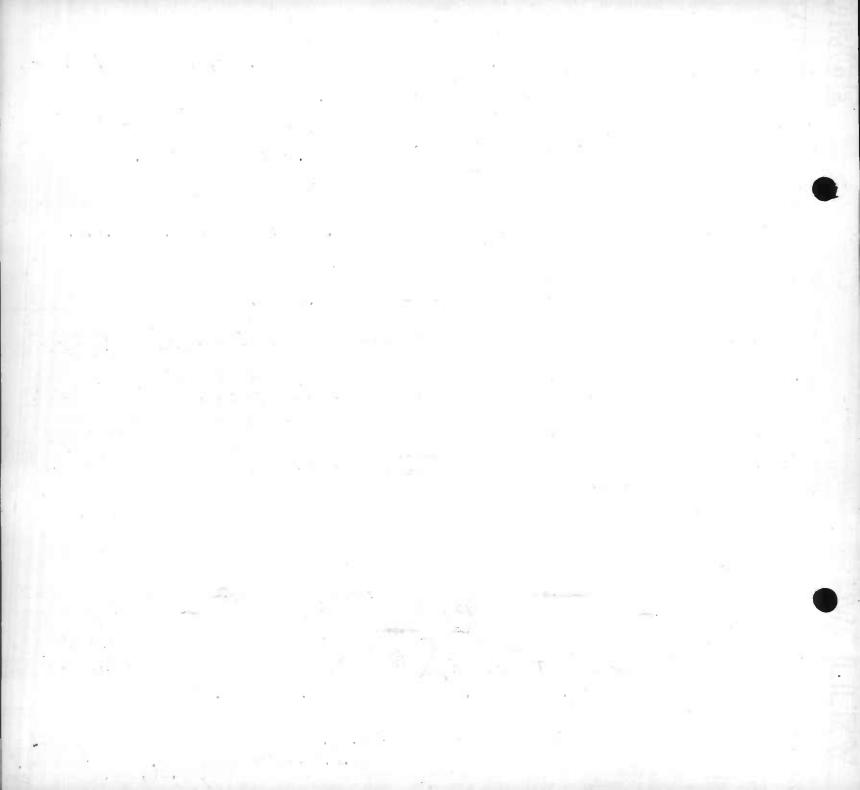
VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT

AN EL DIAH 10-23-18 90 Printytrama 25 A 12 16 67 15 66

VS 150-REV. 1/1/68



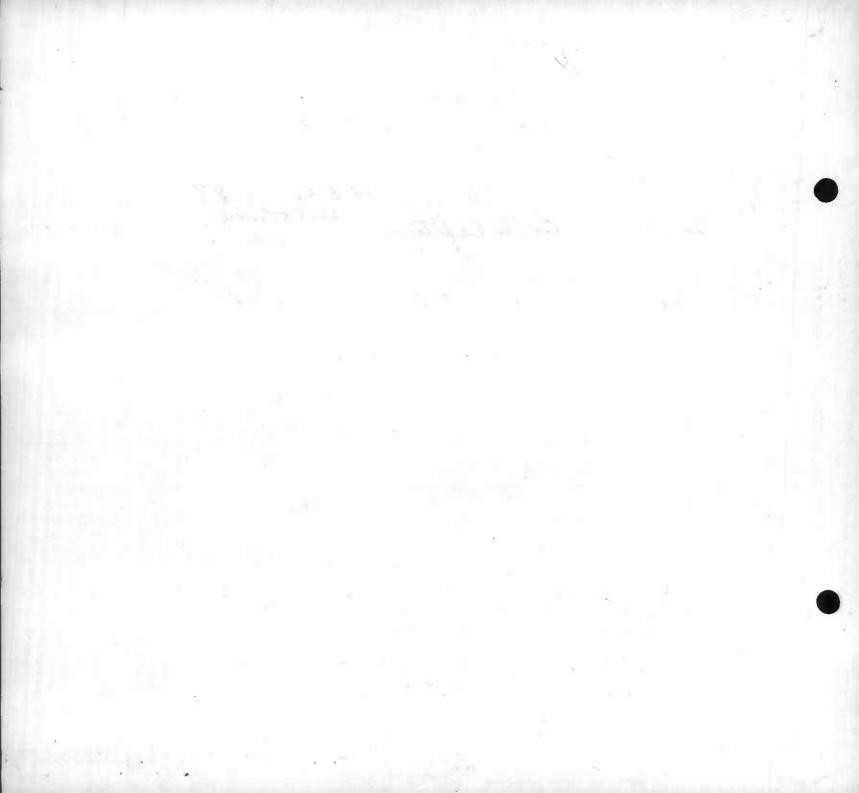
68-12630 baltimore city health department 1-520

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

RIP	TH NO.		MED	ICA	LEX	AMINER'S	CERTIFI	CATE O	F DEAT	TH REG. NO	6	8-1	263	0
_	NAME OF DEC	EASED					2. DATE	Known 🛛	Month	Doy	Yeo	r Hou	г	
(Typ	e or Print)		LENA E	. JOI	VES		OF DEATH	Estimoted	Dece	mber 14.	1968			м
4. 1	PLACE IN BAL	TIMORE, MA	RYLAND, V	HERE P	RONOL	JNCED DEAD	3. DATE		Month	Doy	Yeo	_	r	<u>M.</u>
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	OITUTITO	N, GIVE STREET		UNCED DEAD		mber 14.			5:30	Ви.
		nion M	emoria	l Hos	spita	al (DOA)	A. STATE	Maryland	ere deceosed	B. COUNTY	on: residen	ce Belore	odmissio	')
6. 5	SEX	7. RACE		8. MAR	RIED _	NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE	IT LIMIT	5?	1	-
1	emale	Wh	ite	WIDO	WED X	DIVORCED -		Baltimor	e	10	YES X	NO		
9. [	DATE OF BIRT	H	10.AGE (I			ler 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER						
F	eb.3,1	881	lost birthdo		Monin	s Doys ( Rours   Mill.		3501 St.	Paul	Street				
	BIRTHPLACE (S				12. CI	TIZEN OF	13. FATHER	'S NAME					_	
B	altimo:	re. Mc	1.		W	HAT COUNTRY?	TT	100000						
14A	USUAL OCCU	PATION (Giv	e kind of work	14B. KIN	D OF BU	JSINESS OR INDUSTRY	15. MOTHE	known	A ME					
done	Houses	orking life, ev	en if retired)		Own	Home	TTv	ıknown						
16	WAS DECEAS		II S ADMER	FORCE		7. SOCIAL	18. INFOR	and the same of th			ADDRESS	7	1	
(Yes	, no or unknown	(If yes, give	wor or dotes	of service	e)	SECURITY NO.							kwy	
_	No					CAUSE OF DEA		er H. Jo	nes,	Jr.,10	O W.		AATE INTER	
AL CERTIFICATION	(This does in heart foilure Injury or cor Injury or cor RISE TO THE UNDERLYIN TO THE DEDISEASE OR 20A. DATE OF	E OR COND LEADING TO of mean the , osthenio, etc nplication whi  NTECEDENT OR CONDITI E ABOVE CA ANG CONDIT ON CONDITI ON CONDITION ON THE BUT NOT CONDITION OPERATION  NAL CAUSE	D DEATH mode of dy It means the ch coused dec CAUSES ONS, IF ANY USE (A) STA ION LAST.  II NDITIONS CO I RELATED TO GIVEN IN P. V 20B. CO	ing, e.g., disease, oth.)  7, GIVING THI  DNTRIBL THE TERMART 1 (A	JTING MINAL ).	(A) IMMEDIATE CONTROL OF A CONTROL OF INJURY (e.g.,	AS A CONSE	QUENCE OF:			21. AU	ITOPSY? No	(Yes or h	No)
MEDICAL	UNDERLYING UTING CA	USE OF DEA	ITRIB-	r) (Ho	home, ur) 221 WF	form, foctory, street, offic  E.INJURY OCCURRED  HILE AT NOT	e bldg., etc.)							
24/RE		ER'S CIMATION, Infry)	harles 248. DATE	ses X	Sprin	Inspection Au cident Suicide M.D. ngate, M.D. NAME of CEMETERY Druid Rid DF REGISTRAR	ASS ASS Or CREMAT	OMICIDE CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL DRY 241	Undeterm LEXAMINER LEXAMINER LEXAMINER LEXAMINER LOCATIO	Dec N (City, too	cember	15,	(Stote)	8 .d.

VS 151-REV. 1/1/68

 BALTIMORE CITY HEALTH DEPARTMENT



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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

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of death a hospital and

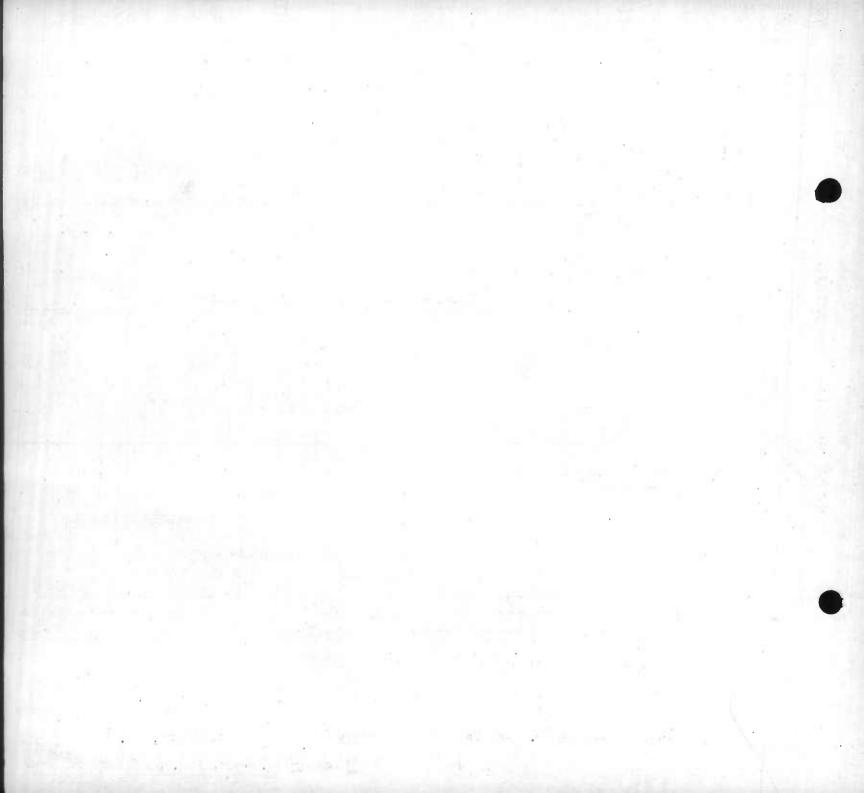
			BALTIMORE CITY	HEALTH DEPARTMEN	T	00 40000
		68-12633	CERTIFICA	TE OF DEATI	REG. NO	68-12633
BIRTH NO.			GERTIN TO		AND HOUR OF DEATH	
Type or Print	RR, Mrs. Agr	nes M.		Dec	ember 16, 1968	
		ID, WHERE PRONOUNCE		4. USUAL RESIDENCE ( A. STATE B. C Maryland	Where deceased lived. If in OUNTY 21212	stitution: residence before odmiss
HOSPITAL OR	ADDRESS OR	OSPITAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	PAIN	DE CITY LIMITS?
al JE	NKINS MEMORI	AL HOSPITAL		Baltimor		YES A NO
11 10	00 S. Caton	Avenue		E. STREET AND NUMBI	ER	
	ltimore, Mar		)	5933 Leith	Walk	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Days Hours Mir
F	W	WIDOWED	DIVORCED	11/19/1882	lost birthdoy) 86	Months Days Hours Mir
		of work 10B, KIND OF BU		11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUN
	t of working life, even if re	tired)		0		** 0
HOU 3. FATHER'S	sewife			Germany	NAME	U. S. A.
				14. MOTHER'S MAIDEN		
Ant	one Schaefer			Mary Mi	ller	
5. Wos Deceo Yes, no or unkno	sed Ever in U. S. Armo own) (If yes, give war a	or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			218-52-0781-	T MEDICAL RE	CORDS-JENKINS	MEMORIAL HOSPITA
1B.	- 1 - 7-1-1		CAUSE OF DEAT			APPROXIMATE INTERV
rise la	OR CONDITIONS, the abave cause ING CONDITION las	(A) slating the	(C)	A CONSEQUENCE OF:	thyroad goot	
TO THE D	NIFICANT CONDITION EATH BUT NOT RELATED R CONDITION GIVEN I OF OPERATION 1988	TO THE TERMINAL	Chouse CH OPERATION	Boari 120A. AUTOPSY? (Yes	Lyndson	FINDINGS CONSIDERED
F				no		0313 01 DEATH.
OR CONT	DENT WAS UNDERLY! RIBUTING CAUSE O offy medical examiner)	F 218. PL/home, etc.)	ACE OF INJURY (e.g., i farm, foctory, street, o	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCU	D (If in Boltimor R?	City, give exact location)
O 21 D. TIME		(Yeor) (Haur) 21E. IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY	1	White	At Not Whit	е		
		Work	At Work		A 100	16. 15
22. I cert	ify that (17) (this has	spital) attended the	deceased from	1096	2 19 6 7 to	De 16 1968
that (H) (	we) last saw the dec	eased alive on		1968 an	d that in ( <del>my)</del> (our) api	nian death occurred an the
and haur	and fram the causes	s stated above. (+) (V	Ve) (did) ( <del>did no</del> t) v	riew the body after dec	ath.	
23A SIGN	ATURE	010				23 B. DATE SIGNED
	Parrial	Illa Din	Dh.	ending Med. Director	Shaff Phys.	12/1/60
28 9. PHYSI	CIANS	- wante	DEGREE FILY	23D. ADDRESS	1	7/0/01
MAM	E Sype)	Gladin	MA	100 C.	tra lun	
24A, RIIDIAL	CREMATION, 24B. DA	TË 24C, NAMI	E of CEMETERY of CR	FMATORY 124	D. LOCATION (Ci	ty, town, or county) (Stat
24A. BURIAL O	L (Specify)					
Buria	12/1	8/68. New C	athedral Cer	neterv	Baltimore	e. Md.

New Cathedral Cemetery

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Ruck, Inc. 5305 Harford Road



CO 49	OGA BALTIMORE CITY	HEALTH DEPARTMENT		8-12634
5 68-12	CERTIFICA	TE OF DEATH	REG. NO.	1C004
BIRTH NO. Dix				
Type or Print) My. David	Erdman	2. DATE AND HOL		5.40 A N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where dece	osed lived. If instituti	on; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Manyloud	Balts Co	, 53.00
Church Home & Hospi		C. CITY OR TOWN Balta Work	D. INSIDE C	/
Church reduce & 1003/31	nead	E. STREET AND NUMBER	YES	NO [
Baltimore maryl	BCV-C	502 Elmwood F	Rd, 21212	
	RIED NEVER MARRIED	_ 1 . 1 .		Under 1 Yr. If Under 24 Hrs.
WIDON		3-13-40	7 8	
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cou	ntry) 12.	CITIZEN OF WHAT COUNTRY
lone during most of working life, even if relired). Retried Md. drydock Forema	n	Maryland		American
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
David . C. Erdman		ELIZO Rusi	C	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	216-07-032	Dievid-J. Erdn	nan 6209	. Mar glan 11 ve.
18. /9/. 9 1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		N 1 +	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Respiratory	failine	12 h
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	~ (	
injury or complication which coused death.)	Atelo	dasieget lung.	Pul momany	7 3
ANTECEDENT CAUSES	(a) Oed	Clara Aneurysm	d Abd. And	2- amontis
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise la lhe obave couse (A) sfofing UNDERLYING CONDITION last.				
GREENING CONDITION IUSI.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or No) 20 B.	IE VEC WERE EININ	NGS CONSIDERED
WAS PERFORMED	OK WHICH OPERATION	Yes	IF YES, WERE FINDS CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimare City	r, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
OF INJURY (APPROX.)	While At Not Whil			
	Work At Work			1
22. I certify that (I) (this hospitol) attend		12 25 19 6		
that (i) (we) lost sow the deceased alive	an 12/15	19 6 8 ond that in (	my) (our) opinian	deoth occurred on the da
and haur and from the causes stoted obov	e. (1) (We) (did) (did not) v	iew the bady after deoth.		
23A. SIGNATURE			23 B.	DATE SIGNED
\$6 1/ · · · · ·	Dh.	nding Med. Staff Phys. C	3	Dec 15, 1968
23C.PHYSICIAN'S	DEGREE	23D. ADDRESS		0-011.61
NAME (Type)	11 10	The Same of the sa		
B. C. VENERACIO	C. NAME of CEMETERY of CR		AND HOSP	· (Cr.)
REMOVAL (Specify) 24B, DATE 24			JN (City, to	wn, or county) (Stote)
Burial 12/20/68.	ardens of Faith	Cemetery Ba	altimore, M	ld.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250. FUMBRAL DIRECTOR		ADDRESS
DEC 17 1968 (P.O.	of 2, Farberta	Leonard J. Ruck,	Inc. Balto	. Ma. STSTI
VS 150-REV. 1/1/68		1		

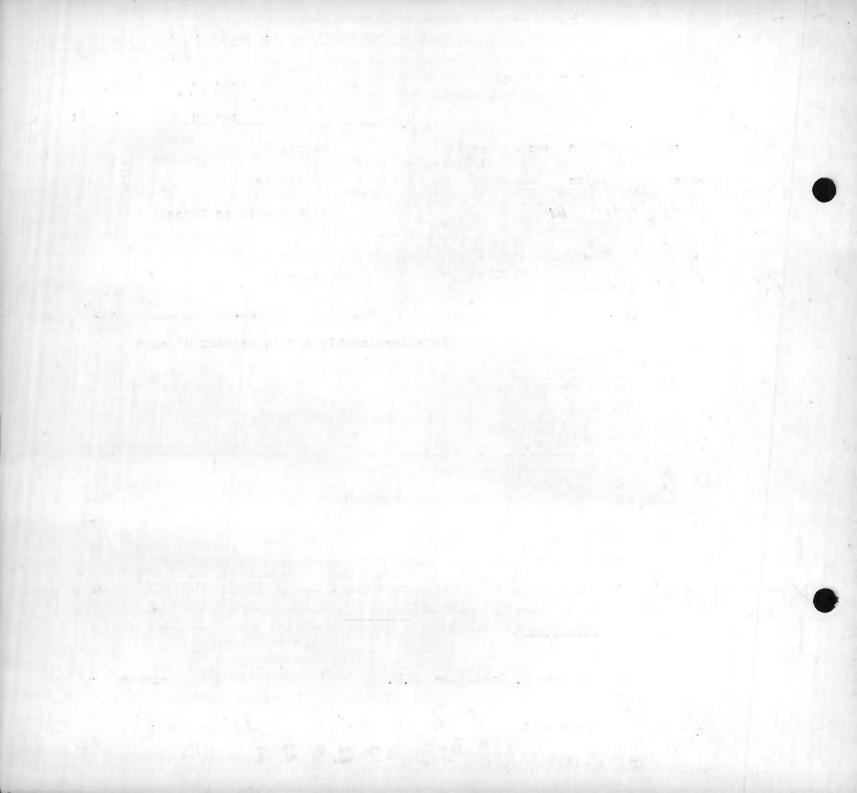
melling by business god 8-18-90 V8 Maryland Office Medicales Eligo Rusk DOWN C E YOUNG W. I Therest Form must I Larved Meso to Me her preting you ... End hild processing matters

R-560

## 68-12635 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC NO 68-12635

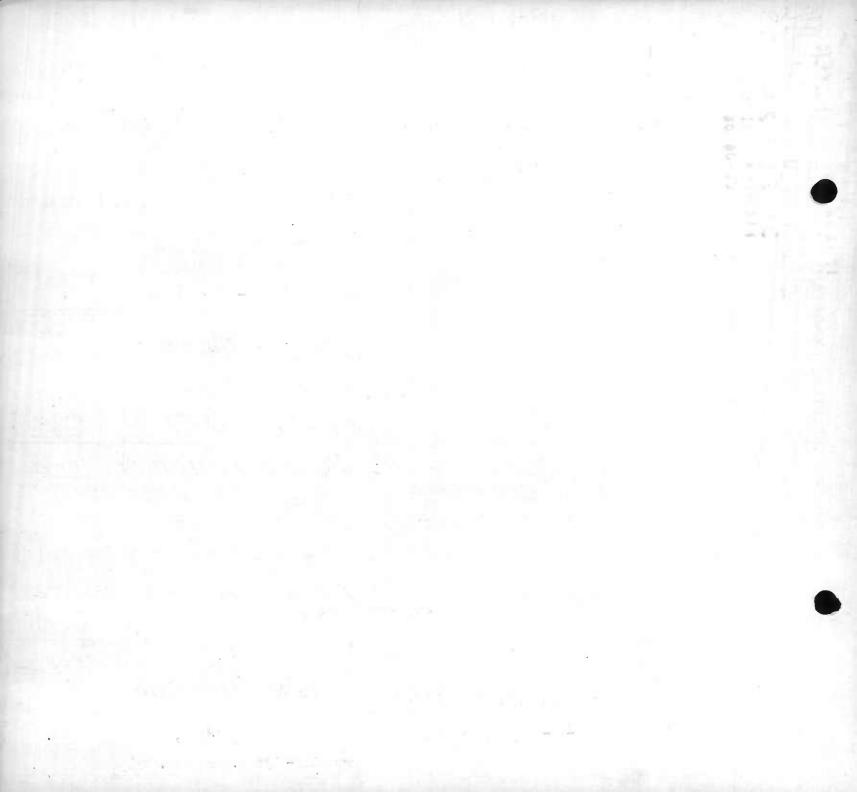
BIRTH NO.	TCAL EXAMINER'S	REG. NO.	00-15000
1. NAME OF DECEASED		2. DATE Known & Month Doy	Yeor Hour
(Type or Print) CALVIN I	RAYNER	OF DEATH Estimoted December 14,	1968
4. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 14.	1968 7.10 A
HOSPITAL ADDRESS OR LOCAL	(DOA)	5. USUAL RESIDENCE (Where deceosed lived. If Institution	-144
South Baltimore Ger		A. STATE B. COUNTY	- 27
6. SEX 7. RACE		Maryland C. CITY OR TOWN	TVIIMITCO
	B. MARRIED NEVER MARRIED		
Male White	WIDOWED DIVORCED		S NO L
9. DATE OF BIRTH 10. AGE (Ir		E. STREET AND NUMBER	
10/26/1907 61		1152 Nanticote Street	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Balteriore Md.	N. J.A.	nuknown	
14A.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
Engineer	Cato Var	Hukrowsk	
16. WAS DECEASED EVER IN U.S. ARMED	FORCES? 17. SOCIAL		DORESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	mas Elsie Rayers 115	I trope It
(19.14)	CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
7/8/19	Artorios	clerotic cardiovascular diseas	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC			se
(This does not mean the mode of dy	ing, e.g., OUE TO OR	CAUSE AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the injury or complication which coused dec	diseose,		
ANTECEDENT CAUSES	(B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE		AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES OF CONDITION GIVEN			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PA	ART 1 (A).		
20A. DATE OF OPERATION 20B. CON	IDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
02			Yes
22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give ex	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	nome, form, foctory, street, office	ce bldg., etc.) INJURY OCCUR?	
I - I I MALE (INTOININ) (DOY) (TEGI	r) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE	
23.	m. WORK ATV	WORK L	
I certify that I held on I	nquiry Inspection Au	ond that an this basis, death in my	opinion
resulted fram: Natural cau	ses X Accident Suicide	de Homicide Undetermined monner	_
010		CHIEF MEDICAL EXAMINER	
ACTUAL (Lan)	J. ch.	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE	M.E	D	
NAME (Type)	S. Springate, M.D.		ember 15, 1968
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	n, or county) (Stote)
Burial 12/17	168 Oak Lan	wer Cen Baltumere 9	en ma.
25A. DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	Karan and C	DDRESS Q al 1+
oro 1 # 1000	ha ROUTIN L	2 and Both man Son On	W 1 10 - 41
BFT 7 ( 1808	Walser C. Vinsey	Jenoy croware or	Hollens
VS 151-REV. 1/1/6B			23 mg.



IMPORTANT

DIRECTOR:

FUNERAL



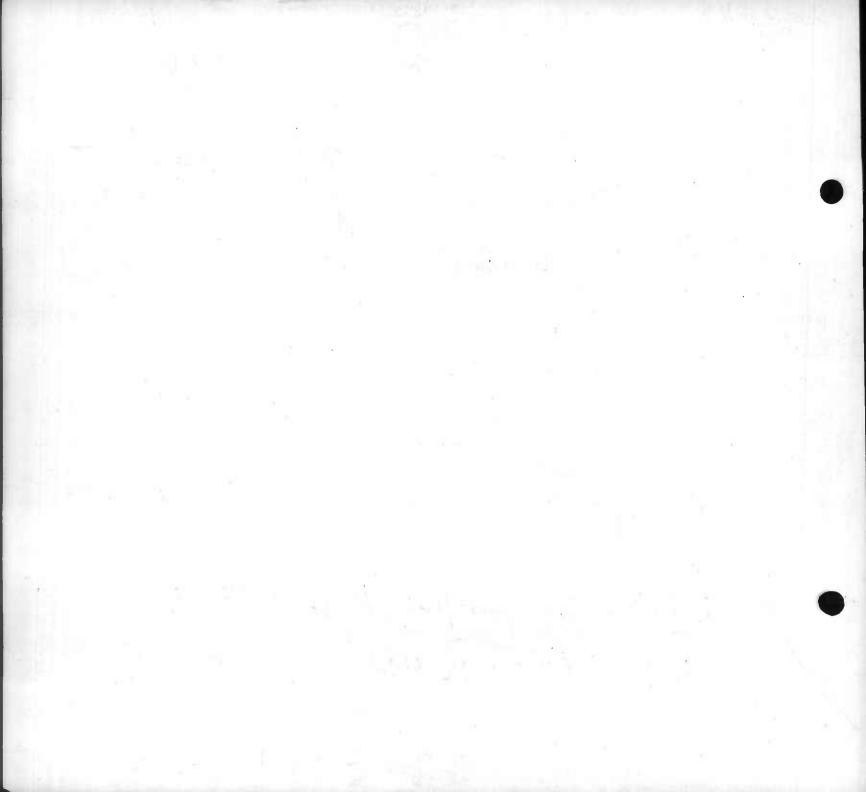
	BALTIMORE	CITY	HEALTH	DEPARTMENT
697"4				

REG. NO.	68-	12	63	7

	DIDTH NO	00-1A	CERTIFICA	TE OF DEATH	REG. NO.	00 12001
	I, NAME OF DEC			2. DATE ANI	HOUR OF DEATH	
	(Type or Print)	DANIEL A	1661145	12	-15-68	6:30 A.M.
	3. PLACE IN BAL	TIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		residence before admission)
П	FULL NAME OF		NSTITUTION, GIVE STREET	MD.	24-	04
	HOSPITAL OR	ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY	-
	Savery	BALTO. GEN	Hasp	E. STREET AND NUMBER	YES	NO []
.	13001A	WHOID. OCOY	. /103/	119E, FOI	PT AVE	
9	5. SEX	6. RACE 7. MAGE	<del></del>			der 1 Yr., If Under 24 Hrs.
9 0 E	M	1/1/	RRIED NEVER MARRIED DIVORCED	5-4-90	ost birthdoy) Month	Doys Hours Min.
	IOA. USUAL OCC	UPATION (Give kind of work 10B, Kff		11. BIRTHPLACE (State or foreig	in country) 12. CI	TIZEN OF WHAT COUNTRY?
position is	done during most of	working life, even if retired)	stimus de	MD		1100
SIL	13. FATHER'S NA	X 9 DOKEK -	hipyards	14. MOTHER'S MAIDEN NAM	NE	459
dispo	ATTE	HAFF Joseph	Higgins	MARY I	ANN ? C	UKN.)
	15. Wos Deceosed	Ever in U. S. Almed Forces?	vice) 1 6 SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Bull	1)0	, in yea, give wor or dates or ser	216-05-9003 H	Records:	5	Both Grow,
0	18.44	2.414-241	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEA	SE OR CONDITION DIRECTLY	1/			BETWEEN ONSET AND DEATH
	(This does	LEADING TO DEATH not mean the mode of dying,	(A)IMMEDIATE CAI	125 men Age of the second	HF	I moulh
200	hearl failure,	asthenia, etc. II means the dis	sease,	A CONSEQUENCE OF:		· ADDODES
E		mplication which caused death.) ANTECEDENT CAUSES		ASCUD		
		OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:		
are	rise to th	e abave cause (A) sloting				
the remains	UNDERLYIN	G CONDITION last.	(C)			
E	Z OTHER SIGNI	FICANT CONDITIONS CONTRIBU	TING DIAGO	TEO MOVIE		
9	TO THE DEA	TH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).	INAL PIADE	TES MERLITU		1 year
he	U 19A DATE OF	F OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
ore	ERTIFI		- And the state of	y es		
peto	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If in Baltimore City, g	live exoct locotion)
5	21 D. TIME	(Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ained	OF INJURY		While At Not Whi			
D+a	22. Logstify	that 🕼 (this haspital) atten			968 10 12-	-15 19 68
0		) lost saw the deceosed alive	the state of the s	10	t in ( <del>my</del> ) (our) opinion de	
٥		d from the couses stated oba		view the bady after death.		
must	23A. SIGNATI				23 B, D	ATE SIGNED
	15	A Blum 1.	Ph.	ending Med. Sirector	Shaff Phys.	2-15-68
approval	23C. PHYSICIA	ANS	DEGREE	23D. ADDRESS		
pro	1 Change	3. a. 13 lu	m m D			
ap	24A. BURIAL CRE		4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, town	, or county) (State)
	BURI	1 7 1 7	Cedas Hil	Cemetery	Balto.	md.
written			AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
}		PEC 17 1968 (R	Les E. tarbun	McCully-	130 E. Fort	4ve. 21230
1	VS 150-REV. 1/1/	′6B				



VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

	68-12639 BALTIMORE CITY	HEALTH DEPARTMENT 58-1263
RID	TH NO. CERTIFICA	TE OF DEATH REG. NO.
	AME OF DECEASED	2, DATE AND HOUR OF DEATH
	EUGENE GARRETT	12 - 14 -68   8:5
3. [	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before or
		A. STATE B. COUNTY
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 16-06
INS	TITUTION	BALTIMORE VES NO
3	42	BALTIMORE YES NO
	BON SECULAS HOSP	
		1009 POPLAR GROVE ST
S. S	MARKIED   NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under lost birthday) Months Ooys Hours
	M LOLOK WIDOWED DIVORCED	5/11/1/4 /2
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY During most of working life, even if retired)	
	J. GARDENEN	MARYLAND 6.8.A.
- 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WM. H. GARRETT	SOPHIE
15 4		
(Yes	no or unknown) (If was nive war or dates of service)   SECURITY NO	
1	218-01 (23/1	RANIE GARROTT 2814 CARRYOTTE A
	18. 4 2 CAUSE OF DEATH	H APPROXIMATE II
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET
	LEADING TO DEATH	ISE CONGESTIVE HEART FAILURE
	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury or camplication which caused death.)	140
	ANTECEDENT CAUSES MY	OCARDIAL DESEASE
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	OCARDIAL DESEASE
	rise to the above cause (A) stating the	
	UNDERLYING CONDITION lost. (C)	
z	4222 11	
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
TIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
7	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
10		
111	21 O. TIME (Month) (Ooy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Z	(APPROX.) While At Not While Work At Work	
	22. I certify that (I) (this haspital) attended the deceased from	12-9- 196 10 12-14 19
	that (I) (we) lost sow the deceased alive on 19-14	19 68 and that in(my) (our) opinion death occurred or
	and hour and from the couses stated above. (1) (We) (did) (did not) v	
	23A, SIGNATURE	anding Med. Staff 238. DATE SIGNED
		s. Director Phys.
	23C. PHYSICIAN'S NAME (Type)	23O. ADDRESS
	CHAWENG ONG KASUWAN	BON SECOURS HOSPITAL
24A	DEGREE	EMATORY (24D-LOCATION (City, town, or county)
1	REMOVAL (Specify)	om PK Palishy - Bouts por 21.
1/2	JUNEAU 19/1/160 11/103 11/10	
25 A	. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25 CHUNERAL DIRECTOR DLLONG 186 DORESS
	DEC 18 1968 P. O. & E. Starbey M.	A SO O SON OF THE POST OF THE
VS.	150-REV. 1/1/66	



BII	RTH NO.	ME	DICAL EXA	MINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		12040
	NAME OF DE		Y MATTHEWS		2. DATE OF DEATH	Known 🛚	Month	Doy ber 13.	Yeo 1968	
FUI	LL NAME OF	LTIMORE, MARYLAND, (IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTITUTION,		3. DATE PRONO	UNCED DEAD	Month Decem	Doy ber 13,	Yeo 1968	Hour 3 11:30 P.
NOK	institution F1	anklin Squar	re Hospital	(DOA)	5. USUAL R	Maryland	e dece osed li	B. COUNTY	on: residen	ce before odmission)
6.	SEX	7. RACE	8. MARRIED N		C. CITY OF	TOWN		1	TIMIT YELL	0/
9. 1	Male			DIVORCED L.  1 Yr. If Under 24 Hrs.	E. STREET	Baltimore		,	res X	NO [
	DIRTUDI ACE	1896 last birth	2 ′′	Doys Hours Min.	13. FATHER	318 N. Gi	1mor S	treet		
1	Sacti	State ar fareign country)		TCOUNTRY?		USMIA	NA	PATTA	16W	5
	eduring most	JPATION (Give kind of war	3)	615T		TIE E	4	NDS		
	WAS DECEAS	SED EVER IN U.S. ARM	ED FORCES? 17.	SOCIAL SECURITY NO.	18. INFOR	MANT			DDRESS	v gianh
-	19. 14	2.4-	2/R-	CAUSE OF DEA		D16 / 11	4/1/7	two -		APPROXIMATE INTERVAL
	DISEAS	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	Arterios		c cardiov	ascula	r disea		etween onset and dea
	heart failure	nat mean the made of e, asthenio, etc. It means t mplication which coused d	he disease,		AS A CONSEC	QUENCE OF:				
	DISEASES RISE TO TH	NTECEDENT CAUSES OR CONDITIONS, IF AI E ABOVE CAUSE (A) SI NG CONDITION LAST.	TATING THE	(B)OUE TO, OR	AS A CONSE	QUENCE OF:				
FICATION	OTHER SIGN	II NIFICANT CONDITIONS ATH BUT NOT RELATED I R CONDITION GIVEN IN	CONTRIBUTING TO THE TERMINAL	(C)						
ERT	20A. DATE O	F OPERATION 20B. CO		ICH OPERATION W	AS PERFORM	MED			21. AU	ITOPSY? (Yes or No)
AL C		RNAL CAUSE WAS	228.PLA	CE OF INJURY(e.g.,	in or obout	22C. WHERE DID	(If in Boltima	re City, give e:	coct locotio	No
EBIC	UTING C	G OR CONTRIB- AUSE OF DEATH.		m, foctory, street, affic						
2	22D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Ye	eor) (Haur) 22E.¶ WHIL m. WOR		WHILE VORK	22F. HOW DID IN	JURY OCC	UR?		
		tify that I held an		spection Au		and that on t				1
	ACTUAI SIGNAT EXAMIN	un Char	87.9	ilm.	ASS	CHIEF MEDICAL I ISTANT MEDICAL I DCIATE MEDICAL I	EXAMINER			DATE SIGNED
24	NAME (	Type) Charles	S. Spring	ate, M.D.			LOCATION			15, 1968
RE	MOVAL HOPE	12/	1/68 6	Erberton	Jam.	PRA	hotor	. /	on, ar cou	
25		BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C.	FUNERAL DIRECT	OR	1	ADDRESS	nhund

Contract of the second of the A STINE A THIRD Charles and the Articles Company of the state of the sta

	6	8-12642 CER	MORE CITY	TE OF DEATH	REG. NO	68-12642
BIRTH NO.	CEASED C.				AND HOUR OF DEATH	1
Type or Print) M	argaret Murph	ıy		13	7-13-68	8:10 A
		WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (1) A. STATE B. CO	Where deceased lived, If i	institution: residence before odmissio
FULL NAME OF	F (IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTITUTION, GIVE	STREET	Maryland	13 ali	tic 53-00
NSTITUTION P	leasant Manor	Nursing & Conv	ales.	C. CITY OR TOWN	21237 D. IN	SIDE CITY LIMITS?  YES NO X
900		Park Hgts. Avs. Md. 21215		Baltimore E. STREET AND NUMBE		
10		Md. ZIZIS		7923 32nd St		
SEX	6. RACE	7. MARRIED NEVER MA		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H. Months: Doys Hours Min.
TA USUAL OC	W CUPATION (Give kind of we	WIDOWED X DIV	ORCED	12-19-91	foreign country)	12. CITIZEN OF WHAT COUNT
done during most o	of working life, even if retired	)				TE CHIEF OF WHAT COOK
House		at home		Baltimore,		
- 17-17-18 J 147	Richard Le	imbach			e Amhrein	
5. Was Decease	ed Ever in U. S. Armed F	orces? 1 6. SOCIAL	, NO	17. INFORMANT		ADDRESS
103,110 01 011111011	, yes, give wor or de		-4592D	Owen Murn	hy, son, al	hove
1B. , / / -	2.4		OF DEATH			APPROXIMATE INTERVAL
heart failure injury or co DISEASES rise to t	nal meen the made of a state of the course o	at dying, e.g., s the diseose, did deoth.)  S  any, giving	MTER E TO, OR AS	A CONSEQUENCE OF:  105CL CTCATIC A CONSEQUENCE OF:	CARDIOWASCU DASCIAKE	LAR YETHRS
TO THE DE	IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	A TION	\$  20A. AUTOPSY? (Yes o	, No. 20R IF YES WEEP	E FINDINGS CONSIDERED
11-15	A/AC DE	PRED BOWEZ CBS			IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)	21 B. PLACE OF IN	NJURY (e.g., is	or obout 21C. WHERE DI	Q (If in Boltime	ore City, give exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Yeo	_	-		INJURY OCCUR?	
(APPROX.)	*******	While At Work	Not While At Work		- Managar	
	y that (1) (this hospite)	al) attended the deceased sed olive on	fram	12 - 12 1968 and	19 € }to d that in(my) (⊕€7) ap	/ 2 - / 3 1967
and have a	nd fram the causes st	oted above. (I) (We) (did)	(did not) v	iew the body ofter dea	th.	
23A SIGNAT	who I	Julia MD	Atte	nding Med.	Staff Phys.	23B. DATE SIGNED
23 PHYSIC NAME	IAN'S (Type)	KUEHN	DEGREE	721 MED	ARTS BUD	DE. RALTO 1
	REMATION, 24B. DATE	24C. NAME of CEME	DEGREE ETERY OF CRE	MATORY 24	D. LOCATION (	City, tawn, or county) (State
Buria	(Specify) 12/16	/68 Holy Red	deemer	Cem.	Baltimore.	Md.

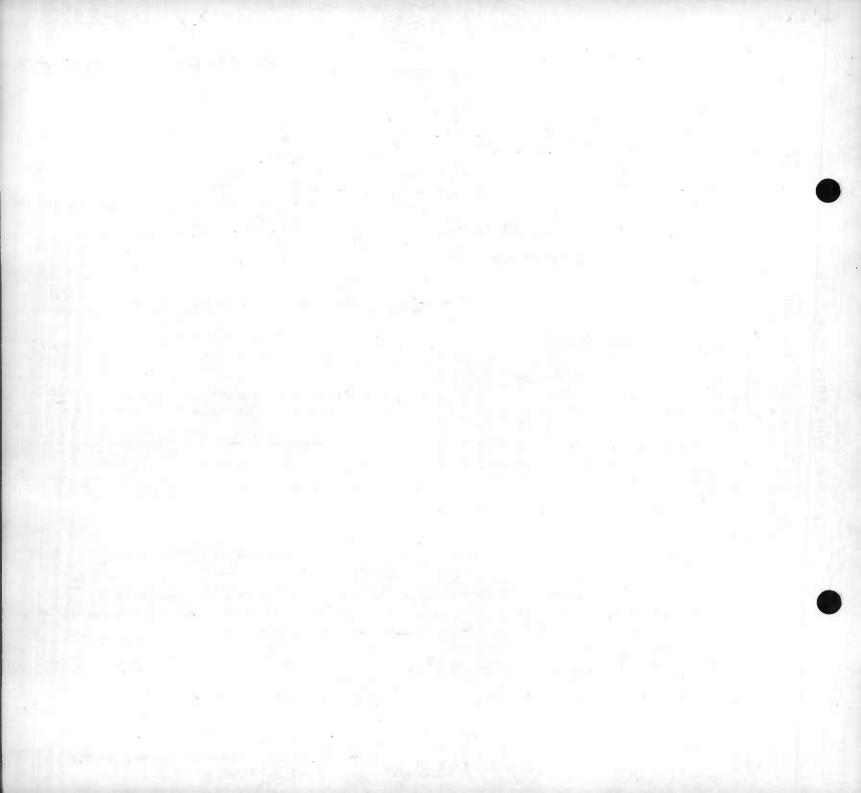
Holy Redeemer Cem.

Baltimore, Md.

ADDRESS Inc.

Schimunek Funeral Home, 3331 Brehms Lane

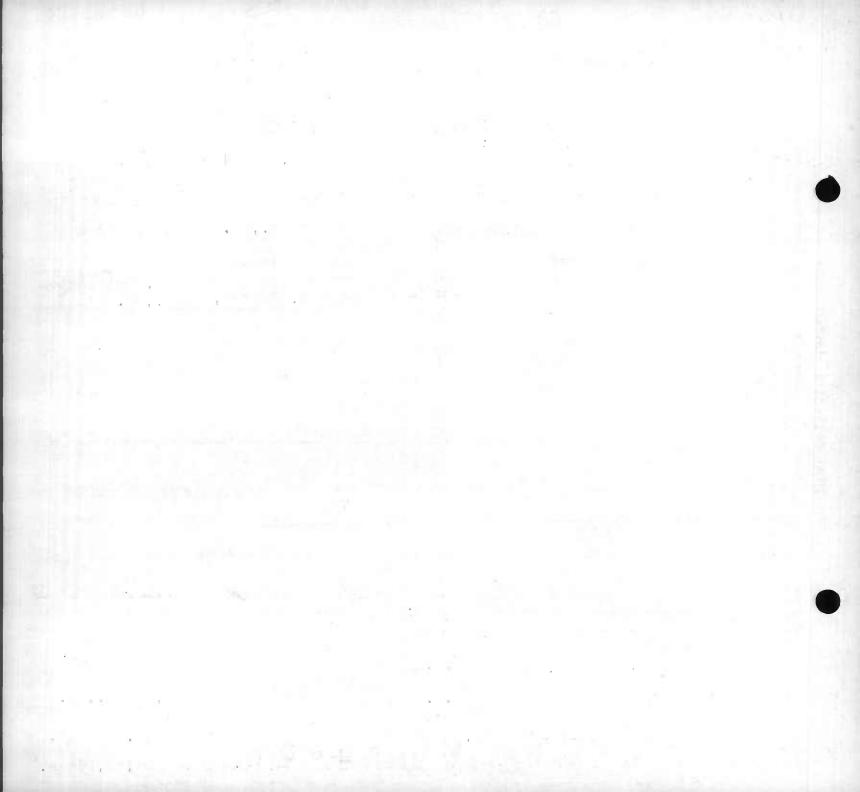
12/16/68



IMPORTANT

FUNERAL DIRECTOR:

		68-126	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	68-12643
BIRTH N	0.	00 120	43 CERTIFICA	IE OF DEATH	KEO. 110	
1. NAME	OF DECEASED			2. DATE AN	D HOUR OF DEATH	- 15.
(1) po oi	WILLIAM	" MILLER		12/	14/68	17 - A M
3. PLAC	E IN BALTIMORE, MA	RYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		nstitution: residence before odmission)
FULL N	AME OF (IF NOT	IN HOSPITAL OR INSTI	TUTION, GIVE STREET	MARYLAND		07-
HOSPITA	TION _			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
123		IS HOPKINS		BALTIMORE		YES X NO
50	BALTIMO	RE, MD 212	205	E. STREET AND NUMBER		
					LLINGTON	AVE
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ALE NEGF			2-18-99	69	
	AL OCCUPATION (Give		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
	aborer		e Roads	Harford Co.,	Md.	USA
	ER'S NAME	) Death	e noaus	14. MOTHER'S MAIDEN NAM		ODA
	LOURING BEA	llon		DEDECC: To-	icon	
15 M.	JOHN M1 Deceased Ever in U. S.		14 505141	REBECCA Jam		ADDRECC
(Yes, no o	runknown) (If yes, give	wor or dotes of service)	16. SOCIAL SECURITY NO.		1953	N. Collington
N	0		166-12-689	David C. Mil	ler, Balto	Md. 21213
18.	163.81		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CON			11		
	LEADING T		(A)IMMEDIATE CAU	SE A CONSEQUENCE OF:		2 hours
		e made of dying, e.g. c. II means the disease			0 00	
inju	ry ar camplication wh	ich caused death.)	Canci	noma of color,	metaetat	~ /
	ANTECEDEN	T CAUSES		T 11		6 months
		IONS, if any, giving		A CONSEQUENCE OF:		
	Ia The abave of DERLYING CONDITION	ause (A) slaling the	(C)			
4	DEREITHO CONDING	11 (03),	(C)			
Z OTH	ER SIGNIFICANT COND	ITIONS CONTRIBUTING				
¥ 10	HE DEATH BUT NOT R	ELATED TO THE TERMINAL				
DISE 19A.	DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A.	,	WAS PERFORMED		YES	IN CERTIFIENG CA	AUSES OF DEATH?
U 21 A.	ACCIDENT WAS UNI	DERLYING 21	B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Baltimo	re City, give exact location)
Z DEA	TH (notify medical example)	miner) ho	me, form, foctory, street, of	ace biag., INJURT OCCUR:		
21 D.	TIME (Month) (D	loy) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
5 01	NJURY		hile At Not While			
	ROX.)		ork			
22.	I certify that (I) (thi	s haspital) attended	the deceased fram	17/11	9 68 ta	14 19 6
that	(1) (we) last saw th	ne deceased alive an	12/14	19 and the	at in (my) (aur) ap	inian death accurred an the date
and	haur and fram the c	auses stated abave	(I)(We) (did) (did nat) v	iew the bady after death.	~	
	SIGNATURE	,				23 B. DATE SIGNED
	1) 0	100	M D Atte		Staff Dhara	12/14/08
23 C.	PHYSICIAN'S	10 des	M.D. GEGREE Phys	23D. ADDRESS	Phys.	19.17
200.	NAME (Type)	-	T. Phys. Lett. B 197		41	Dalta Wa
	DAUIDA.	ISAS8	M.D. GEGREE	JOANS HOSEMES		Balto.,Md.
	RIAL CREMATION, 24 MOVAL (Specify)	B. DATE 24C.	AME of CEMETERY or CRE	MATORY 24D. LC	OCATION (C	City, town, or county) (State)
		0 47 60 1	W.A. 17.4 and	De	the West	
	UTIAL	6-17-00	Mt. Zion	l De	IUS IOT	Co. Penna.
	urial 1 TE REC'D BY HEALTH	DEPT. 25B. NAME	Mt. Zion OF REGISTRAR	250 FUNERAL DIRECTOR	Ita York	Co. Penna.



IMPORTANT

DIRECTOR:

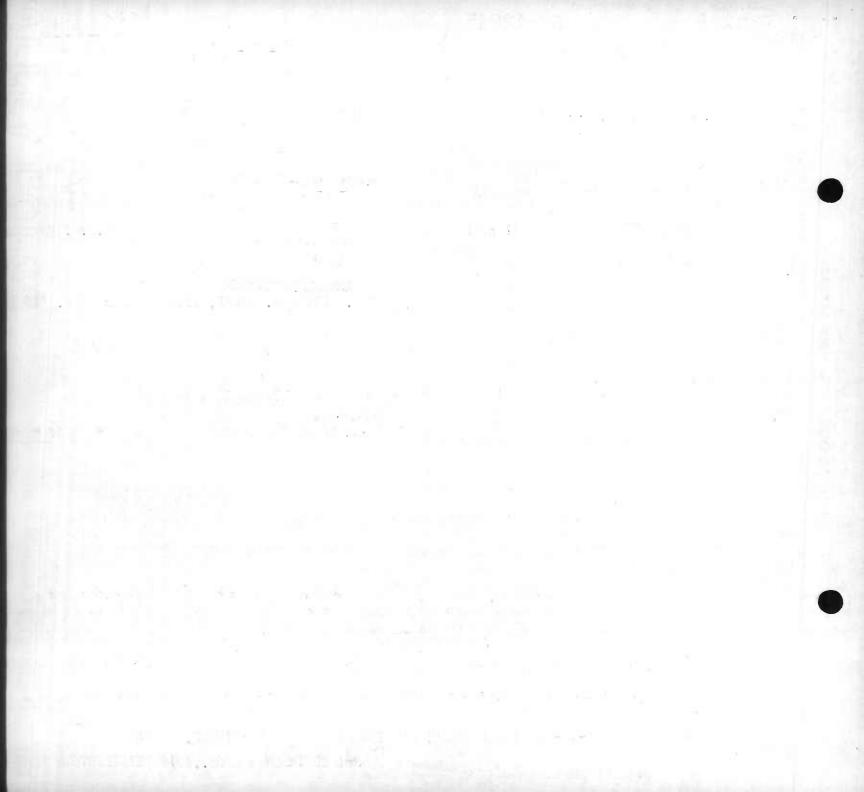
FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL



BIRTH NO

68-12646 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.

(Type or Print) SAMUEL A. GOLDBERG	OF DEATH Estimated	December
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month Do
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD	December
OR INSTITUTION	5. USUAL RESIDENCE (When	e dece osed lived. If in
SINAI HOSPITAL (DOA)	A. STATE Maryland	B. CO
A CEV TO BACE TO TO	C CITY OF TOWN	[D. 1016

1. NAME OF DECEASED TAUN 2 DATE Yeor Hour 8:20 P. M 12,1968 Hour 12,1968 8:20 P. stitution: residence before admission) INTY DE CITY LIMITS? MARRIED NEVER MARRIED X Male White Baltimore WIDOWED DIVORCED YES 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. E. STREET AND NUMBER lost birthdoy 2911 Grantly Avenue MARCH 30. 1897 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? BALTIMORE, MARYLAND MORRIS GOLDBERG 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) CLERK LIOUOR DORA BINDER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) 218-05-5205 MRS. EUNICE BRIDGE, 6635 DALTON DR. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arterioclerotic Cardiovascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOWDID INJURY OCCUR? (Yeor) OF INJURY WHILE AT NOT WHILE P (APPROX.) AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes X Suicide Homicide Undetermined monner CHIEF MEDICAL FXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. December 13,1968 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify)
BURIAL BALTIMORE , MARY LAND ANSHE EMUNAH (AITZ CHAIM) 12-15-68 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR SAL LEVINSON & BROS.

VS 151-REV, 1/1/68

BALTIMORE 21215 26010 REISTERSTOWN ROAD.

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2	-	7	30

VS 151-REV. 1/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGINS 68-12647

IRTH NO.	7716		or train tele o		0,112 01	D L/ 111	REG. NO.			
NAME OF DEC	EASED			2. DATE	Known 🔼	Month	Doy	Yeor	Hour	
ype or Print)	BERNAI	RD 💻 SM	ITH	OF DEATH	Estimoted 🔲	Decemi	ber 14.	1968		М.
PLACE IN BAL	IMORE, MARYLAND,	WHERE PRON	IOUNCED DEAD	3. DATE		Month	Doy		Hour	
ULL NAME OF OSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LO	PITAL OR INSTITUT CATION)	TION, GIVE STREET		SIDENCE (Where		per 14,	1968		A.M.
	Sinai Hospi	tal	(DOA)	A. STATE	Maryland		B. COUNTY	Oto Ca.	5	-0.0
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
Male	White	WIDOWED	DIVORCED		Baltimor	e	Y	ES N	0	
1-9-1916	10. AGE lost birth		Under 1 Yr. If Under 24 Hrs. nths   Doys   Hours   Min.	E. STREET A	ND NUMBER 5444 01d	Court	Road.	APT. 10:	,	
	tote or foreign country	) 12.	CITIZEN OF	13. FATHER'			nous, ,			
			WHAT COUNTRY?							
SI DENNIS	MARY LAND	rkl14B, KIND OI	U.S.A. BUSINESS OR INDUSTRY		COB SMITH	MF				
one during most of w	orking life, even if retired	d)				, W.L.				
PRORRI		IGAS ST	_	EV/				DDDECC		
es, no or unknown)	ED EVER IN U.S. ARM (If yes, give wor or dote	es of service)	17. SOCIAL SECURITY NO.	18. INFORM				DDRESS		
YES	W.W. 1	[ ]	215-24-3428		DSE SMITH	5444	OLD COL	URT ROAT		T. 10
19. E 96	5 X 1		CAUSE OF DEA	TH					OXIMATE IN	
DISEAS	OR CONDITION DI	RECTLY	Gunshot v	vound or	f right a	rm with	n perfo	ration		
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE of	chest					
(This does no	ot meon the mode of osthenio, etc. It meons t	dying, e.g.,	DUE TO, OR	AS A CONSEQ	UENCE OF:					100000000
	plication which coused o									
	ITECED EN IT CALICES									
	NTECEDENT CAUSES OR CONDITIONS, IF A	NY GIVING	(B)	AS A CONSEC	UENCE OF:					
RISE TO THE	ABOVE CAUSE (A) S	TATING THE								
SONDERLIN	IG CONDITION LAST		(c)							
5981	XIII			100						
2) TO THE DEA	FICANT CONDITIONS ATH BUT NOT RELATED T CONDITION GIVEN IN	TO THE TERMINA								
20 A. DATE OF	OPERATION 20B. C	ONDITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes o	or No)
13								Ye	es	
	NAL CAUSE WAS	228	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 2	2C. WHERE DID	(If in Boltimor	e City, give ex	oct locotion)	27-	62
	SE OF DEATH.	hon	Gas station	e blag., etc.)	4419 Park	Height	s Ave.	Smitty	e Am	000
≥ 22D. TIME		eor) (Hour)	22E.INJURY OCCURRED		2F. HOW DID IN			Dintely	St	ation
OF INJURY (APPROX.)	12-14-68	8:00 Am.	WHILE AT NOT	WHILE	Subject	abot de	mina h	ald		
23.	12 14 00	0.00 £m.	WORK AT W	ORK L	Subject	SHOL U	ir ring in	ora-up		
	ify that I held on	Inquiry	Inspection Au	topsy X	ond that on t	his bosis,	deoth in my	opinion		
	ed from: Notural c		Accident Suicio		-		ned monner			
result	A TOILE NOTOTOLE	O Ses	Accident _ 301cid		HIEF MEDICAL		_			
ACTUAL	( 1,	XJ.	1)						ATE SIGI	NED
SIGNATI	JRE Mar	70 - 6	M.D		STANT MEDICAL		X			
EXAMIN	Unarie	s S. Sp	ringate, M.D.	ASSC	CIATE MEDICAL	EXAMINER	Dec	cember :	14. 1	968
NAME (1	ybe)		4C. NAME of CEMETERY	or CREMATO	PV I24D	LOCATION			(Sto	
REMOVAL (Speci			AC. NAME OF CEMETERS	O. CREINATO	240.	LOCATION	(City, 10w	n, or county)	(310	10)
BURIAL	12-16	6-68	ADATH JESHURUM	1 (SODO)	VA) B	ALTIMOR	RE. MAR!	YLAND		
	BY HEALTH DEPT.		E OF REGISTRAR	25C. I	UNERAL DIRECT	OR PROM	7110	ADDRESS		
DE	C 18 1968	P. Durb	8 talleman	2 36	LEVINSON DE REIST	ERSTOWN	I ROAD	BAITO.	2121	5

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Acres .

VS 150-REV. 1/1/68

me Sopraticher Fred James The 18 Section Shop to around Daller Too Rest R. BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

NO

Hours

BETWEEN ONSET AND DEATH

196

Doys

If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

V\$ 150-REV. 1/1/68

wells was in the state of and the second

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL approved

VS 150-REV. 1/1/68

NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS BRENNAN FUNERAL HOME. 711 WASHINGTON STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (our) opinion death occurred on the date (City, town, or county) BROS. 6010 REISTERSTOWN ROAD



150-REV. 1/

The way was 9 magnet a les 6 Hoor

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT

DIRECTOR:

FUNERAL

130110 715: Shaliky R.L. 50 20/3/10 Comme MANUEL BANKWA Beasney Conduct growth Chemic Congrabil Hart Torlor ASCUD artes Mallitan Read recoffermy 1 4 14 100 42 240 Ellos Caplan ND van Hospital

IMPORTANT

FUNERAL DIRECTOR:



30

NO

Hours

APPROXIMATE INTERVAL

ADDRESS

If Under 24 Hrs.

A M.



68-12656 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-1	2656
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BIRTH NO.				<i>D</i> <b>=</b> / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	REG. NO.			
1. NAME OF DECEASED		2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print) KATHLEEN BLEVI	INS	OF DEATH	Estimoted					M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET		NCED DEAD I	ecember			12:34	
O O 237 Herring Court		A. STATE	aryland	В	COUNTY	, ,	No perore damissi	on
6. SEX 7. RACE B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	MY LIMITS?	5/	
Female White WIDOWED :			altimore			ES	NO	
8/25/02 lost birthday) Month	der 1 Yr. If Under 24 Hrs. ns, Doys , Hours , Min.		37 Herrin	ng Court	t			
	ITIZEN OF HAT COUNTRY?	13. FATHER'S		ritcha	rd			
T4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF B done during most of working life, even if retired)  HOUSEWIFE	USINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	WE				
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORM	ANT		A	DDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mrs.	R. Mart:	in H	errin	g Con	rt	
19. / , 3 . /	CAUSE OF DEA					AP	PROXIMATE INT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	(A)IMMEDIATE C		c cardio	vascula	r disea		/EEN ONSET AN	D DEATH
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR NO	(c)		9-7-0-m = 41-9-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-					
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
DATE OF OPERATION 208. CONDITION FOR V	WHICH OPERATION WA	AS PERFORMI	ED				PSY? (Yes or 'es	No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home,	LACE OF INJURY(e.g., form, foctory, street, office	in or obout 22 e bldg., etc.) IN	C. WHERE DID	(If in Boltimore	City, give ex	oct locotion)		
22D. TIME (Month) (Doy) (Year) (Hour) 22 OF INJURY (APPROX)	HILE AT NOT AT W	WHILE ORK	F. HOW DID IN	JURY OCCUR	R?			
I certify that I held an Inquiry	Inspection Au	tapsy X le Hai	ond that on the one of	Undetermine EXAMINER EXAMINER	ed manner		DATE SIGN	
REMOVAL (Specify)	Balto. Nat			LOCATION		n, or county	) (Stote	:)
	OF REGISTRAR		UNERAL DIRECT	<u>Baltim</u> or		ADDRESS		
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VS 151-REV. 1/1/68								1/

VS 150-REV. 1/1/68

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSELAND DEATH

ADDRESS

If Under 24 Hrs. Hours i Min.

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STATES IN

BACTING EE

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ON 3161/25/2

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JOHN HEALY SR ELEADORA WALTERS

120-121 Tomas Emanders

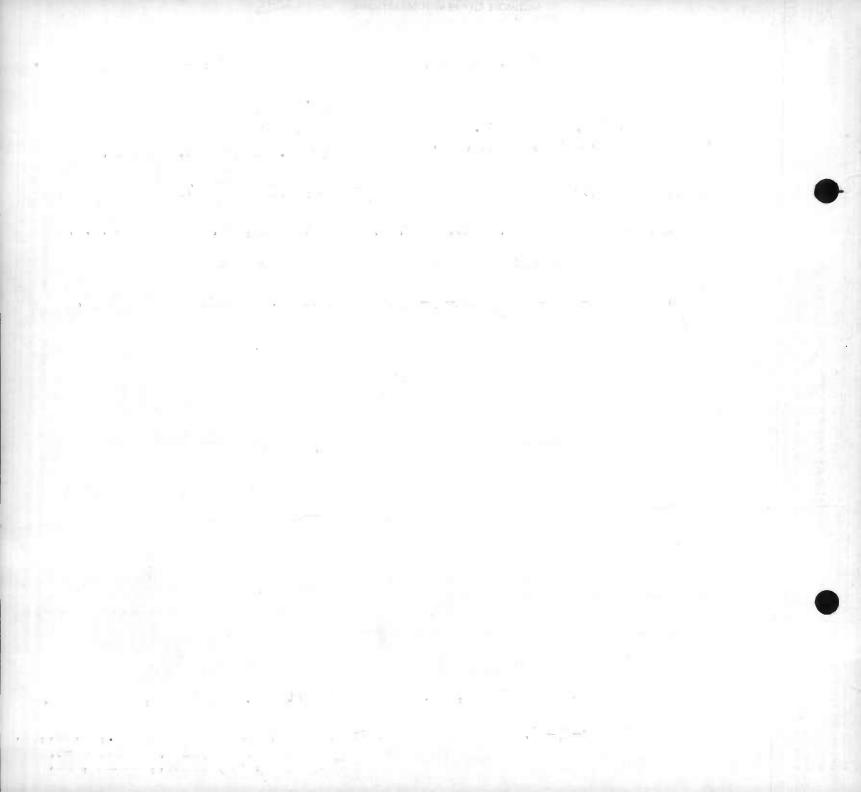
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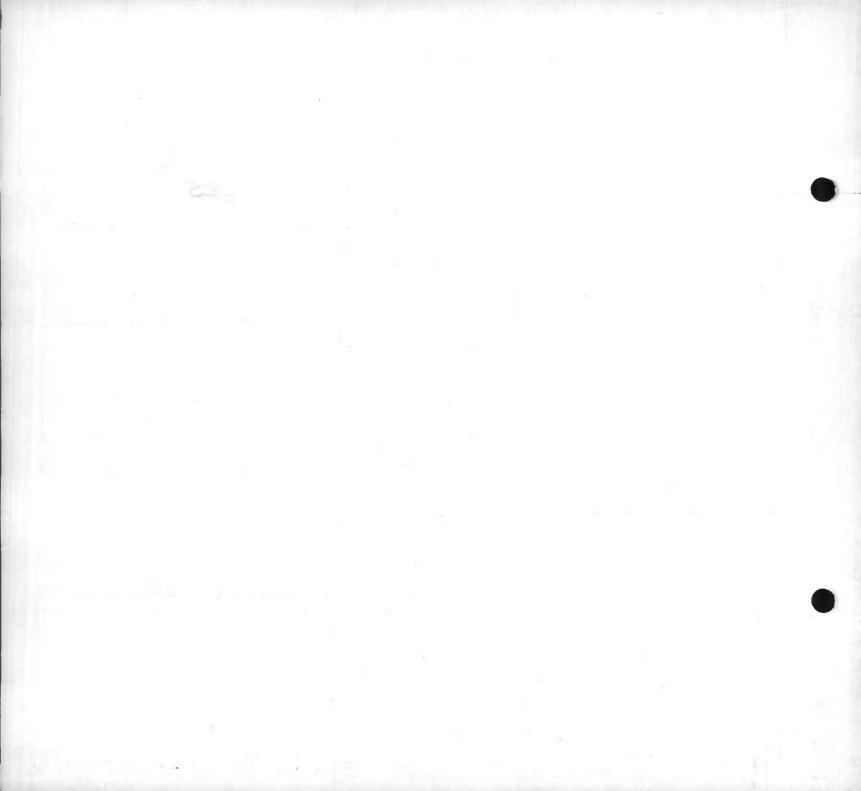
Cumpus Eller GA- NO ENRIQUE ETTENBOSEN NO UNION MEMORIAL HERITAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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Da	0-4			00	TCOU	CERTIFICA	TE OF DEAT	H REG. NO	00	10000
	and eath ased the Such		TH NO.	4.00		CERTITION				
	_ 73 0 6		AME OF DECE	BRESSLER	FA	NNYE		ec 14,68		810 A
	of of Dec	3.		IMORE MARYLAND, W			A LISTIAL PESIDENCE	(Where deceased lived If	institution: re:	sidence before odmission)
	hosi use (5) and dec	FU HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	Manglan C. CITY ORIGINA	D. IN	VSIDE CITY LIN	- 20 WITS?
	d in cau	12	Simai	Hospital of	Balt.	imore Inc.	E. STREET AND NUMI		YEST	NO 🗌
	tribut minec gular sed p	5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE, OF BIRTH	9. AGE (In years lost birthdoy)	If Under	1 Yr. , If Under 24 Hrs.
0	occurre ontribut ermined regular eased p		F	W	WIDOWED		4/15/85	lost birthdoy)	Months	Doys Hours Min.
	col col			PATION (Give kind of work orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
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	if de ect o 4) Ur was the sposif	13.	FATHER'S NAM	E			14. MOTHER'S MAIDE	NAME		
-			Leur	<i>√</i> ∍			Tellia	-		
AN	e dir ind; ( eath e on al di	1S.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
E	the children the c		No			JEGORIII NO.	Louis M B	nearles	· 50	me
Ö	if if iny ed dar		18. 410.	9 1	1	CAUSE OF DEAT	Н		B	APPROXIMATE INTERVAL
IMPORT	f o h			OR CONDITION DI	RECTLY		Muss	0 0	1	
=	. Als			of meen the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	such enforce	tion	Linutes
ä	iner ner. actur pro- ular mbal		heort foilure, o	osthenio, etc. It meons olicotion which coused	the discose,	DOE 10, OK AS	A CONSEQUENCE OF:	V		
ō	fractor of participation of participatio			NTECEDENT CAUSES			ASCUD			years
5	A f A f why		DISEASES O	R CONDITIONS, if	ony, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:			
DIRECTOR	3 (3) e s			obove couse (A) CONDITION lost,	sloling lhe	(c)				
5	ical ial is; cia as as		420.1	11						
RAL	medical burns; physicia an was remain	ATION	OTHER SIGNIFIC	CANT CONDITIONS CO BUT NOT RELATED TO TO ENDITION GIVEN IN PAR	HE TERMINAL		Previo	nia		3 weeks
NER	hief a r sody he he rsici	CERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING O	E FINDINGS	CONSIDERED EATH?
N S	by 2) B 2) B re t phy fore	CER	21A. ACCIDEN	T WAS UNDERLYING TING CAUSE OF	218.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE C	OID (If in Boltim	nore City, give	exoct location)
	+= 000	CAL	DEATH (notify	medical examiner)	home etc.)	e, farm, factory, street, a	ffice bldg., INJURY OCC	U R?		
	ط ٍ ₹ ۽ ق	0		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
	hosp naturept d (6)	ME	(APPROX.)		Whil Work	e At Not Whi				
	x x x x x x x x x x x x x x x x x x x		22. I certify t	that (1) (this haspital			Dovembe	x22 19 68 to 6	December	24 14 19 68
	(e) ; (e)		that (I) (we)	last saw the decease	ed alive an	December		-	pinian deat	h accurred an the date
	be apped to		and haur and	fram the causes sta	ted abave. (1)	(We) (did) (did nat)	view the bady after de	eath.		
	leased to ident of hospital of death)		23A. SIGNATUS			UD AM			23 B. DATE	SIGNED
	elec ccid a ho		1	oueuly	uay	DEGREE Phy	ending Med. s. Director	Staff Phys.		
	as rele n acci at a h ior to		23C. PHYSICIAN NAME (Ty	pe)		440	23D. ADDRESS	Hosp. of	12 41 7	141000
	ifficate y was r 1) An a b.A. at a d prior approv		e) Al	ME LAU	ENTA		Simai			IMORE
	T XE P B	244	REMOVAL (S	AATION, 24B. DATE	24C.NA	ME of CEMETERY OF CR	EMATORY		(City, town, or	(Stote)
	C. D. S. D. P. C. B. C.		Buras	5 19/12/	100 age	edos achem		Rosedale		1100
	This cer the bod shows: was D.G decease	25/	DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	259. FUNERAL DIR	ECTOR		9610 Renderative
	₩ ∓ ₩ \$ TO \$		a la	C 18 1968 (	Res 5	talleyth	John:	s'Amo 420	21100	Red Red
		V2	150-REV. 1/1/6	0						

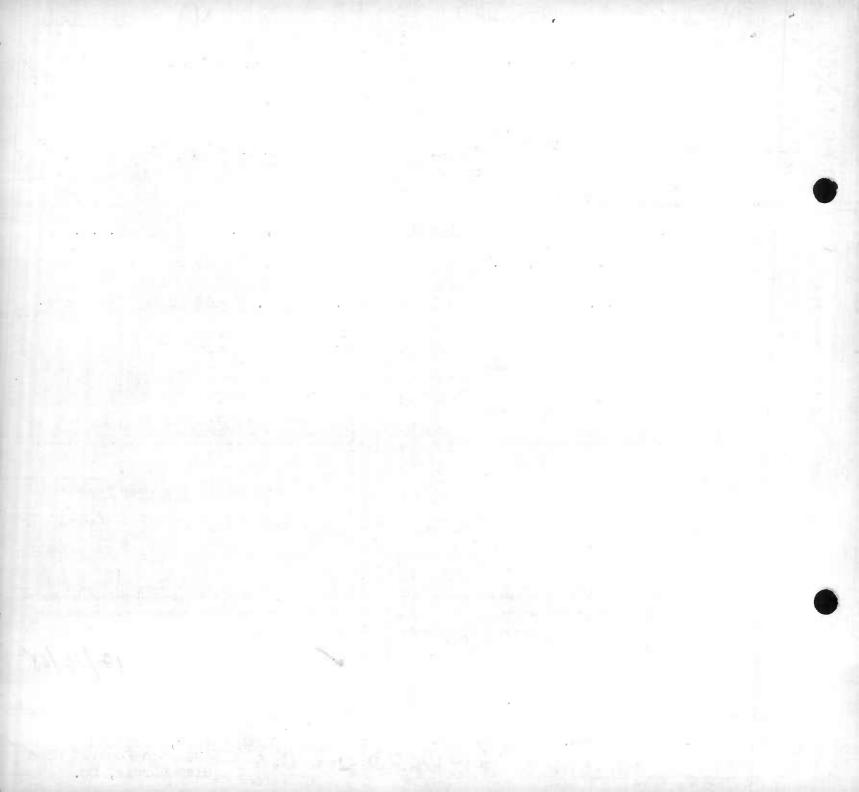


IMPORTANT FUNERAL DIRECTOR:

3

VS 150-REV. 1/1/6B

D. INSIDE CITY LIMITS? YES 🔀 NO (High Point) Riverside Drive , Pasadena, If Under 1 Yr. If Under 24 Hrs. Months Doys Hours ! 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 215 12 2571 Mrs. Marie A. Harold (wife) BETWEEN ONSET AND DEATH Massive M.T. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ....and that in (my) (aur) opinion death occurred on the date 23 B. DATE SIGN (City, town, or county) 68 Glen Haven Memorial
258. NAME OF REGISTRAR
25C. Glen Burnie, Maryland Ecrot Singleton Funeral Home Alen Burnie, Md.



152010 WILLIAM A .....

JOHNS HOPKINSMOSPITAL

William "

Setty monk

100

LAWRENCE JOISMA

Johns Hopkins Hospital

The service of the se

68-12662 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 05-120	000
BIRTH NO.	)0G
1. NAME OF DECEASED Carroll R. Schafer  2. DATE AND HOUR OF DEATH  (Type or Print)	3 45
CARROLL SCHAFER DEC 16,1960	3 45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. COUNTY  Relimons	before odmissie
TOLE MAINL OF THE HOSTINE OF INSTITUTION, GIVE STREET	2000
Maryland General Hospital  Nauyland Heneral  Baltimore  YES III	NO [X]
48 Her putal E. STREET AND NUMBER 803 E. Street, Ballo med	1
5. SEX   6. RACE   7. MADDIED   MICHED MADDIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.	If Under 24 H
male white widowed Divorced 7-1-08 60	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  foreman Steel Maryland  12. CITIZEN OF	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7.7
George Schoffer Gunther	
15. Was Deceased Fiver in U. S. Armed Forces? (Yes, no or unknown) If yes, give wor or object of service)  16. SOCIAL SECURITY NO.	SS
19 Leve 803 E. In	let.
18, / / A PRO	KIMATE INTERVA
4/0.9	ONSET AND DE
LEADING TO DEATH my ocardual ofaction 24	+ hom
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilule, asthenia, etc. It means the disease,	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  Outeroaleratic	
ANTECEDENT CALLETS	. 0
	jeus
DISEASES OR CONDITIONS, if any, giving  Tise to the above cause (A) stating the	
UNDERLYING CONDITION lost. (C)	
420.1	
OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).  □ MA. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERATION   20A. AUTOPSY? (Yes or No.) 20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES OR NO.)   20A. AUTOPSY? (YES	DERED
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	ocotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
<u>V</u>	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	
22. I certify that (W(this haspital) attended the deceased from Dec 1 19 68 to Dec 14	19 68
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	rrea an the
and haur and from the causes stated abave. (M) (We) (did) (did hat) view the bady after death.	
23B, DATE SIGNE	D
Terren m dimeliant ho assess Phys.   Med.   Shaff   Is Dec	19.8
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
	-0
TERREN M. HIMELEARB MO DEGREE May CONTAIN CONTAINS OF THE PROPERTY OF THE PROP	4
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county REMOVAL (Specify)	
Burial 12/18/68 Oak Lawn Cemetery Baltimore, Mary	Land
	RESS
o T O John J. Duda, 7922 Wise Ave. Dunda	alk, Md
S 150-REV. 1/1/68	

and the same and t larger to be provided 1866-50 2 V

VS 150-REV. 1/1/6B

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			HEALTH DEPARTMENT		00 40004
	TH NO. 68-12	664 CERTIFICA	TE OF DEATH	Registered Na	68-12664
	E. CASE NO. NAME OF DECEASED	0 / 1		D HOUR OF DEATH	
(Ту	pe or Print) Roberto Me	ery (6/Este	5 121	16/68	11:30 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	10 10 10 10			titution: residence before admission)
			A. STATE B. COUN	0	0 1 43 00
	FULL NAME OF III not in hospital or institute oddress or location)	ion, give street	C. CITY OR TOWN (If out	side city limits, write RI	URAL and give township)
1.	INSTITUTION		Baldmir	was AA	county
41	Montebello		D. STREET ADDRESS (II	ural, give location)	
1			214 Glan	Rel.	,
5.	SEX 6. RACE 7. MARR	HED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	1- 61	WED, DIVORCED (specify)	4/26/29	ast birthday)	Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KINE	P	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
doi	during most of working life, even if retired)	ome	Baltino	7-6	1150
13.	FATHER'S NAME	OVVIE	14. MOTHER'S MAIDEN NAM	ΛE	19699
	Ran / ston		Mantle	-7%	
15.	Was Deceased Ever in U.S. Armed Forces?	16. SOCIAL	17. INFORMANT	3	ADDRESS
(Ye	s,ng ar unknown) (It yes, give war ar dates of servi	ce) SECURITY NO.	What 1 1 = 1	1.610 (	D. A. A.
	100	419-227-021	11113 wade	2 1149 0	avusile me.
	18.340 X	CAUSE O	F DEATH	/	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	E	enticonica		
	(This does not mean the mode of dying,		JULI COMOLI OC	<del></del>	
	heart foilure, asthenio, etc. It means the dise injury or complication which caused death.)	ose,	1.1-		
	ANTECEDENT CAUSES	(B)	8 Cechiti	***************************************	
	DISEASES OR CONDITIONS, if ony, give	ving DUE 10	11.01 5	elansis	10
	rise to the above couse (A) stating UNDERLYING CONDITION lost.		altigo ve	10517	10913
			V		(
Z	345 X II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	INDINGS CONSIDERED
E	O WAS PERFORMED			III CERIII III CAG	SES OF DEATH.
0	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct location)
CAL	DEATH (notity medical examiner)	etc.)			
	21D. TIME   Month)   Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
ME	(APPROX)	White At Not White Work At Work			
	22. I certify that (1) (this haspital) attended	ed the deceased from	4/25 1	962 to 12	16 1968
	that (1) (we) last saw the deceased alive	17/11	1 17		ian death accurred an the date
	and haur and from the causes stated above				
	23A. SIGNATURE		The body array down.		23B. DATE SIGNED
	Value Ou S	Carry M.D. Atte	ending Med. Director	Stott Phys.	12/16/68
	23C. PHYSICIAN'S		23D. ADDRESS	71175	10/10/00
	Robert W. Ire	eland M.D.	Montebello	State Hospit	tel.
24		C. NAME of CEMETERY OF CR			y, town, or county) (State)
	REMOVAL ISpecify	14.1. Para 1	1 1	301+	MA
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	emeTery L	4111MORE	ADDRESS
123	DEC 18 1968 (R.O.	AC TO A	3/19/19/10	120 5 Ent	Que. 21230
	150-REV. 1/1/65	TO C. MUDICION IN	1 CCUITY - 1	WC, FOR	400, 21200



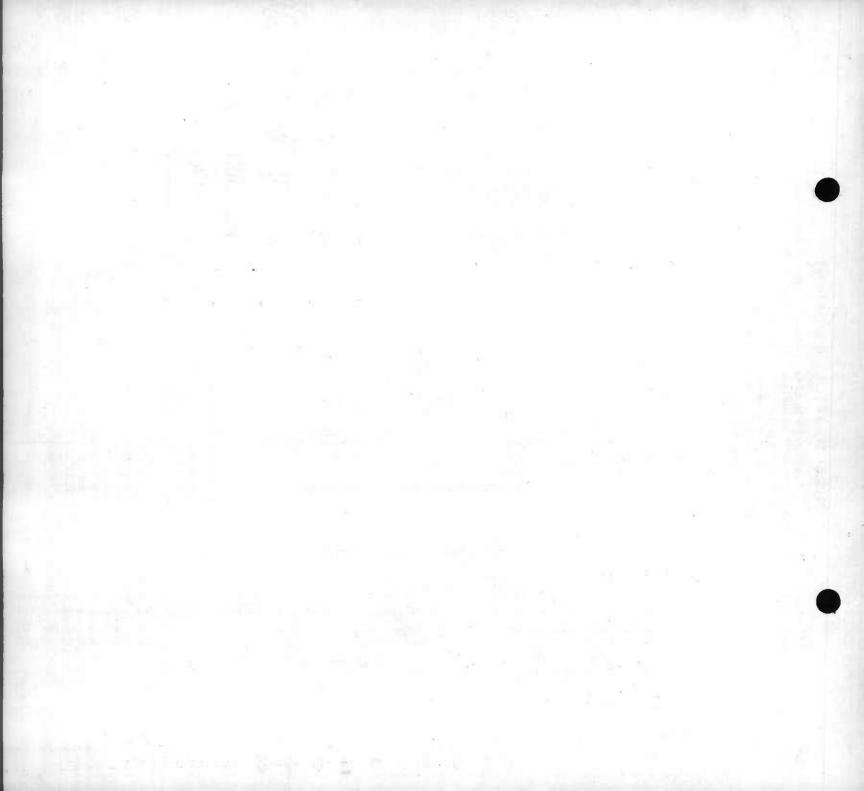
8 1-210	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 68-12665 CERTIFICATE OF DEATH REG. NO. 68-12665
Seed the seed	1 MANAGE DE DECEMBER
S S S S S S S S S S S S S S S S S S S	(Type or Print) Lace 4, James D.
F 00 -	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence, before odmission)
3 20000	A. STATE B. COUNTY
3 5 5 8 P P P	HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
on go co	I OUTUTION
T tens	44UNION MEMORIAL HOSPITAL. E. STREET AND NUMBER
03 \$ P.E. 2 9.5	
Maria de de	
rmin egul s ma	lost birthdgy) Monthsi Doys Hours Min.
is is	10A. USUAL OCCUPATION (Give kind of work 10 8, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
The second	done during most of working life, eyen if retired)
Z Z Z Z Z Z	Branden BAR Mary Cond USA
Washer the spos	13. FATHER'S NAME
	WILLIAM UNK LACE, LIZABETH DUNN
ANN stant ind; ind; eath eath	15. Wos Deceased Ever in U. S. Armed Forces? 16. OCIAL 17. INFORMANT ADDRESS
- L - L - L - L - L - L - L - L - L - L	(16 yes, no or unknown) (16 yes, give wor or dotes of service) SECURITY NO.  Francis Fread ne phew.
7 8 S + 1 = = =	18, // APPROXIMATE INTERVAL
any is a	DISEASE OR CONDITION DIRECTLY
S da s	LEADING TO DEATH 3 (A) IMMEDIATE CAUSE Broncho Precessor 3 days
Tage - CA	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disabse. A
R: R: ctu	injury or complication which caused death.
O Francis	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
K 2 2 2 4 5 5	DISEASES OR CONDITIONS, if ony, giving (B)  DUE TO, OR AS A CONSEQUENCE OF:
S S S C C C C C C C C C C C C C C C C C	underlying condition last.
S in s in s	UNDERLYING CONDITION last.
L D dic lical lical rus; sici was mai	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A Bed	\ \   TO THE DEATH BUT NOT RELATED TO THE TERMINAL / 10 MICE TYPE
3 A P P P P P P P P P P P P P P P P P P	UDISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S in	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
or be 2 be	21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
3 373 5000	DEATH (notify medical examiner)
2 3 Zagans P	21D. TIME (Month) (Day) (Year) (Hour), 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ne contraction	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?  (APPROX.) 12 - 11 - 68 3 While At Work Not While At Work Work
TO Se con part	77 17 (
Dot E o o	22. I certify that (1) (this haspital) attended the deceased from 12 / 14 19 68 to 12 / 14 19 68 ,
200000000000000000000000000000000000000	that (1) (we) lost saw the deceased alive on 12/18 1968 and that in (6) (our) opinion death occurred on the date
Sed the print of t	ond hour and from the causes stated above. (Me) (did not) view the body ofter death.
st best best best best best best best be	23A. SIGNATURE 23B. DATE SIGNED
ccio al r	Attending Med. Director Phys. (2/14.68
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
was r was r An at prior	& RAW BLOCK OF Union Manniel Hapital
\$ 0.5 E YE O B B	24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stagle)
- 1 - N - N -	DURIAL 12-17-68 ST. MARY CENCLERY BALTO GOVERS MA
This ce the bose was been writte	25A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAN   25 FUNISAL DIRECTOR
This sho was	DEC 18 1968 P. O. A. E. Falling - Ch. A. E. Evary In 8902 Harton PL

the part and where we have a work to 2649 freen nount Aus 0/11/02: 81 Maryland A sales Water In Francis Fairly a few and 200 De Lyding - 1884 multiple Par 3 waterfaced a standarder FRIAK DLOCK there More niet top das

+ D which road 23 SomeP Ludgeoff Love I control good 2 soul was the fire was the Unme exchange and will Con Pulmonle mobapittagptl 23 2 9-91-01 Steeling & concern WD Soll Billion Com Top St.J. R Winn MD.

IMPORTANT

FUNERAL DIRECTOR:

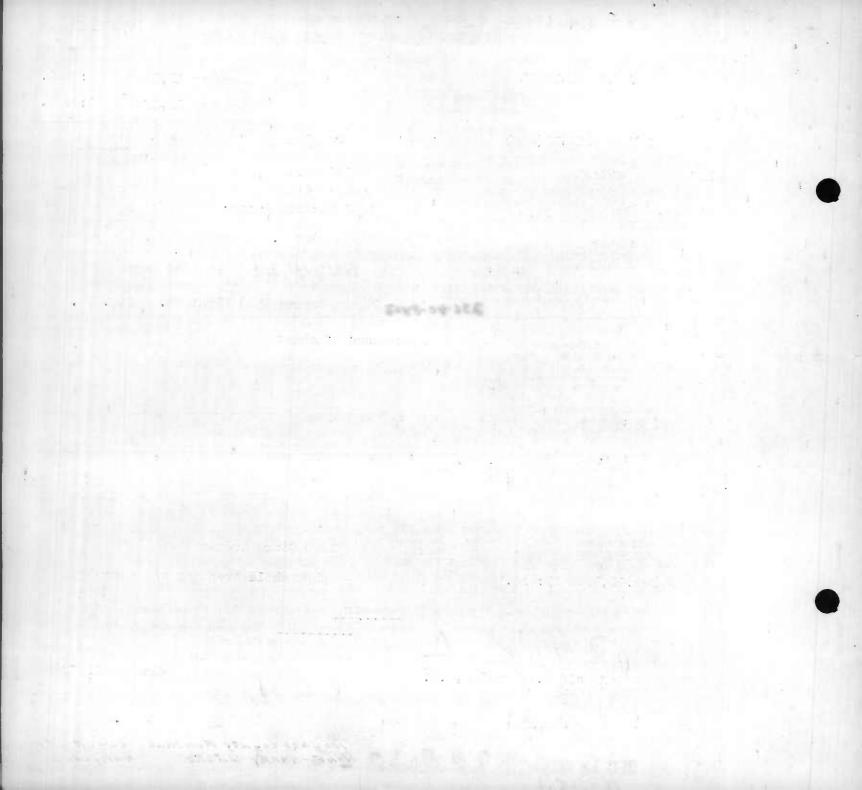


68-12668 BALTIMORE CITY HEALTH DEPARTMENT

68-12668

N	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH.

BIRTH NO.	REG. NO.
	2. DATE Known Manth Day Year Hour
(Type or Print) JOHN CAMPBELL	OF DEATH Estimoted   December 13,1968 1:09 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD December 13,1968 T:09 A.
SINAI HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX Male  7. RACE Male  8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore  VES  NO
9. DATE OF BIRTH  May 29, 1934  10. AGE (In years   H Under 1 Yr. If Under 24 Hrs.   Months, Days   Hours   Min.   Months   Days   Hours   Min.   Months   Days   Hours   Min.	E. STREET AND NUMBER 2901 Eastern Avenue
11. BIRTHPLACE(State or foreign country)  West Virginia  12. CITIZEN OF WHAT COUNTRY?	late John G. Campbell
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  Proprietor  Restaurant	15. MOTHER'S MAIDEN NAME Failtinge/Lang Pauline Lang
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yes, give wor ar dotes of service)  17. SOCIAL SECURITY NO.	Edward Farren 1513 Light St. Balto. Md.
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AUSE IS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:
OF CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED 21. AUTOPSY? (Yes or No.)
2	yes
UNDERLYING TO CAUSE OF DEATH.    Description of the control of the	in or obaut 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) NJURY OCCUR? 2000 Giard Avenue /3-68
OF INJURY (APPROX.) Dec. 13,1968 12:45A. WHILE AT WORK NOT AT W.	WHILE Shot while breaking and entering
I certify that I held an Inquiry Inspection Autoriside Accident Suicide Accident Suicide Accident Signature EXAMINER'S Ronald N. Kornblum, M.D.  NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  Dec.16,1968  24C. NAME of CEMETERY CREMETERY	Marriottsville, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 151-REV. 1/1/68	2 PLANS-HARRY WITZKE- HURYLAND



1968

VS 150-REV, 1/1/68

12 54/68-12669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

68-12669

If Under 24 Hrs.

REG. NO

2. DATE AND HOUR OF DEATH

eceased shows: SID 3

Such

I. NAME OF DECEASED

not sport of mount A At MISSISS WAY bus proly Johns Hopkins Hospital 30 Hindre . F 1909 ENONTO Ave 9/2/68 3 man 3 11 Maryland USA Barbara Lugleton alfred Carolo. Mis Berneie Lungleton - 1909 E North Respiratory Arrest, due to Sevene Interstition 3 airs PINEW MANIE EtCOLORY CHAPMEN 10/36 18: 12/13 168 Dandlealley Johns Hopking Hospisal David Waller But California Water South Com

B-350

68-12670 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-126?	0
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour	
WILLIAM A. BAYTON	DEATH Estimoted 12 12 68 9:35	DM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	1
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	December 12, 1968 9:35p	) ,,
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss	1711
28	A. STATE B. COUNTY	
University Hospital	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS	
Male Colored WIDOWED DIVORCED	Balto. YES NO 🗌	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
1/10/1920 48	3301 Winterburne Rd.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Balts Mil WHAT COUNTRY?	Allie Baylon	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME	
done during most of warking life, even diretired)	7	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANTADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY, NO.	Bond Ong But 330/+ 1	00
Mg CAUSE OF DEA	APPROXIMATE IN	TERVAL
V 412, 4 1	BETWEEN ONSET AN	
	lerotic cardiovascular disease	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes o	r No)
O 7	AS PERFORMED	,
	YES	
O HADEBLYING TOP CONTRIB	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) see bldg., etc.) INJURY OCCUR?	
☐ UTING ☐ CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROV)	WORK	
23.		
I certify that I held an Inquiry Inspection Au	and that an this basis, death in my opinion	
resulted fram: Natural causes XX Accident . Suicident	de Homicide Undetermined manner	
12.17	CHIEF MEDICAL EXAMINER	
ACTUAL // level // Vlrus	ASSISTANT MEDICAL EXAMINER  DATE SIGN	1ED
SIGNATURE M.D. M.D. EXAMINER'S	D	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 12/13/68	
	or CREMATORY 24D, LOCATION (City, town, or county) (Stot	te)
REMOVAL (Specify)	to la Malt mil	
12urial /2/1/08 Ralls " No	M'cem Rulls' The	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	259 FUNERAL DIRECTOR ADDRESS	1
DEC 18 1968 R. C. S. Sander	and Selmone 1827 W. north a	ine
VS 151-REV. 1/1/68		-

Paite mil Fratel Just flow 190 year will 2446 629 Kearlyboar Paparie to from THE THE CALL OF CONTRACT OF THE PROPERTY. Fernal 12/17/68 Feelth net live Partie The transfer of the second of

	BALTIMORE	CITY	HEALTH	DEPARTME
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6. NO.	68-12671

1. NAME OF DECEASED	ATE OF DEATH  2. DATE AND HOUR OF DEATH					
(Type or Print) ALLDREY LASSITER	12-16-68 230					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	A, USUAL RESIDENCE (Where deceased lived, If institution: residence before of A, STATE B, COUNTY  M. D.  C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
38	BALTIMORE YES NO					
	E. STREET AND NUMBER					
University of Maryland Hospital  5. SEX   6. RACE   7. MARRIED   NEVER MARI	812 RIDGLEY STREET					
F N WIDOWED DIVOR	CED 12-4-18 50					
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR II done during most of working life, even if retired)	NOUSTRY 11. 8IRTHPLACE (State or foreign country)  NOR FOLK, VIRGINIA  U-S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WESLEY C. WALKER	ELIZABETH					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY N						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CARDIA C ARREST ) DIATE CAUSE O, OK AS A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	IN CERTIFYING CAUSES OF DEATH?					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DIABETES MELLITUS  ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  JRY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  OF INJURY (APPROX.)  OF INJURY (APPROX.)	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  JRY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING Home, form, foctory, etc.)  OF CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work  22. I certify that (1) (this hospital) attended the deceased from the condition of the conditi	DIABETES MELLITUS  ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  JRY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?  Not While At Work 19 68 to 19 68 and that in (my) (port) opinion death occurred on					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) (We) (did) (	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  JRY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?  Not While At Work 19 68 and that in (my) (per) apinian death accurred an id-hot) view the bady after death.  Attending Med. Stoff Phys. 23B. DATE SIGNED 12/16/68					

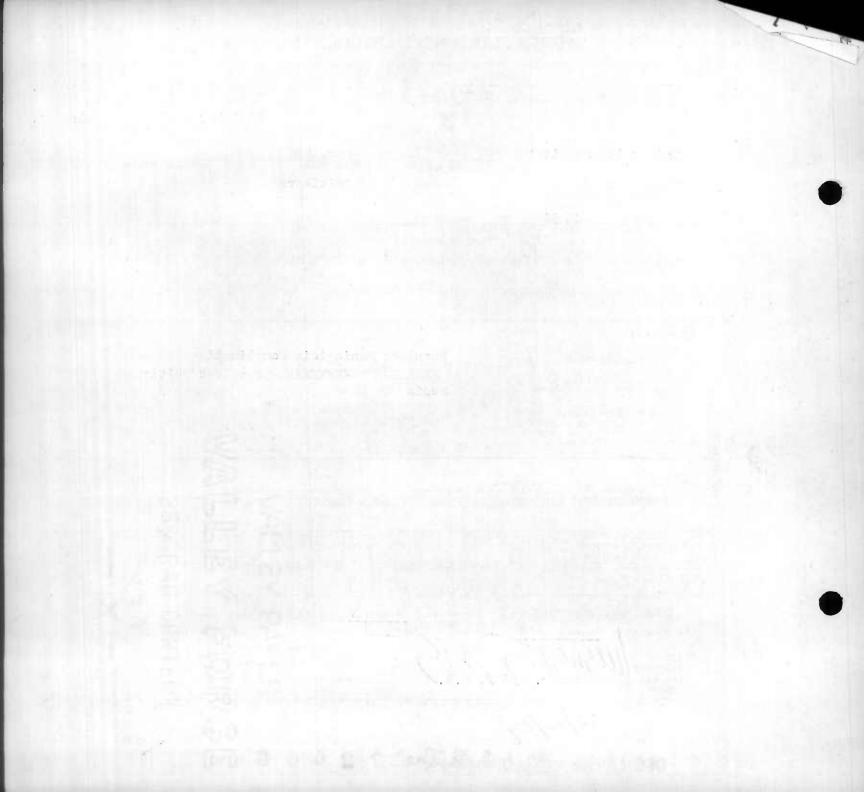
VS 150-REV. 1/1/68



68-12672 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68	-1	26	72
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BIRTH NO.		MILL	ICAL	LAAMII YER O	CENTILI	CAILOI	DLAI	REG. NO		
1. NAME OF DEC	EASED				2. DATE	Knawn 🛣	Manth	Day	Year	Haur
(Type or Print) MILDE	PFD			BAKER	OF DEATH	Estimated	Decemi	ber 1, 1	968	12:30 Am
4. PLACE IN BALT		RYLAND, W	VHERE PRO		3. DATE		Manth	Day	Year	Haur
FULL NAME OF				JTION, GIVE STREET		UNCED DEAD				
OR INSTITUTION	ADDRE	SS OR LOCA	TION)		C HCHALF			er 1, 19		12:30 A _M
20					A. STATE	RESIDENCE (When		B. COUNTY	residence b	etare admission)
Unive	ersity	Hospit	tal			ryland				
6. SEX	7. RACE		8. MARRIEI	NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE CIT	Y LIMITS?	
female	neg	gro	WIDOWE		Ва	ltimore		YE	s X	NO 🗆
9. DATE OF BIRTH		10.AGE (In		Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			00	00
		last birthda		anths, Days, Haurs, Min.	1.	4	70 A 600 mm		00	-00
11. BIRTHPLACE (St	ate or fareig	in country)		. CITIZEN OF	13. FATHER	'S NAME	200			
		,,,		WHAT COUNTRY?	I S. TATTIER	JIII				
144 USUAL OCCUP	A TIONI/C:	1:-1 ( 1	149 KIND C	F BUSINESS OR INDUSTR	V ) E HOTH	D/C HAIDSHA				
dane during mast af w			140. KIND C	AL BOSINESS OK HADOSIK	I IS. MOTHE	K S MAIDEN NA	WE			
16. WAS DECEASE (Yes, na ar unknawn)				17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS	
	( , ,									
119.320,	9			CAUSE OF DEA	TH		111111	THE STATE OF		PROXIMATE INTERVAL
	1	IZIONI DIDE	CTIV						BEIW	EEN ONSET AND DEATH
	EADING TO	ITION DIRE	CILI	Purulen	t Menir	igitis Com	plicat	ing		
(This daes no	it mean the	made of dy		(A) IMMEDIATE O	XSXAXCXXXX XFX	NEXXXXXXX	Purule	nt Otiti	S	
heart failure, injury ar cam	asthenia, etc plication which	. It means the ch caused dec	e disease, ath.)	Media				0		
				Media						
	TECEDENT			(8)	15 1 601155					
RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STA	Y, GIVING TING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
Z UNDERLYIN	G CONDITI	ON LAST.		(c)						
9 340.	1	11								
OTHER SIGN										
DISEASE OR				AL						
OTHER SIGNI TO THE DEA DISEASE OR	OPERATION	1 20B. CO	NDITION FO	R WHICH OPERATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes ar Na)
0 2										Yes
22A. EXTERN	IAL CAUSE	WAS	22	B. PLACE OF INJURY (e.g.,	in or about	22C. WHERE DID	(If in Baltimas	re City, give exac		169
UNDERLYING UTING ☐ CAL			ha	me, farm, factory, street, affic	e bldg., etc.)	NJURY OCCUR?				
-1 Invie		ay) (Year	r) (Haur)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCI	JR?		
OF INJURY (APPROX.)			m		WHILE ORK					
23.			- "	AIT	TORK					
I certi	fy that I h	eld on I	nquiry 🔲	Inspection Au	topsy X	ond that on t	this bosis,	deoth in my d	pinion	
result	ad fram: N	oturol cou	ses V	Accident Suicis	In H	omicide 🗌	Undetermi	ned monner	1	
100011	1		1		-	CHIEF MEDICAL				
ACTUAL	11//	Luc	100	1MG;		ISTANT MEDICAL		X		DATE SIGNED
SIGNATU	11/	11VIII		M.D	).					12/3/68
EXAMINE		erner	U. Spi	t, M.D.	ASSO	OCIATE MEDICAL	EXAMINER			12/5/00
NAME (Ty		48. DATE		24C. NAME of CEMETERY	OF CDEALAT	TO A TIBE	LOCATION	DA OF	25 65 4	CVI.AND
REMOVAL (Specify	.\	. /	. /.	/ INAME OF CEMETERY	OF CREMAIN	ANA I WIP	The Thom	A RIGIN, OWN	al equity	II I Lightly II
	/	2/16	-16Y			IMINEDO	ITY I	BEDICA	1 6	CHOOL
25A. DATE REC'D	BY HEALTH	DEPT.	258. (NA	AE OF REGISTRAR	25C.	EUNERAL DIRECT	ORA I	MEDILA	DRESS	LITUL
af	C 181	968 G	0.5	& tarbuna	2 2	QHOED!	BTAT	DISPOS	AL	



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## 68-12673 BALTIMORE CITY HEALTH DEPARTMENT

68-12673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. DATE   Month   Doy   Yeor   Hour   OF   DEATH   Estimoted   11   19   68   2:30 pm.	BIRTH NO.		MLD	ICAL	LAMMINATE 2	SEKTIII	CAIL OI	PLAI	REG. NO.		
PACE IN BATHMORE, MARYLAND, WHISE PRONOUNCED DEAD   PACE IN BATHMORE, MARYLAND, WHISE PRONOUNCED DEAD   WAS INSTITUTION   PACE OF LOCATION)   PACE OF LOCATION		CEASED				2. DATE	Known 🛛	Month	Doy	Yeor	Hour
PRONOUNCED DEAD   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 19, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (Where deceased first intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (White Intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (White Intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (White Intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (White Intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (White Intimizer)   Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (Novmber 20, 1968 2:30 p.   SUJUAL RESIDENCE (Novm	(Type or Print)		HENRY	F.	RAMM	OF		11	19	68	0.00
ASSOCIATE OF BIRTH   DATE   ASSOCIATION	4. PLACE IN BAL					III	INICED DEAD	Month	Doy	Yeor	Hour
A. STATE   Maryland   B. COUNTY	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT ADDRES	S OR LOCAT	L OR INSTIT	UTION, GIVE STREET					1	1111
Male White   NOORCED   Balto.   Ba	37	Mercy	Hospit	al		A. STATE			B. COUNTY	,	
DATE OF BIRTH   10. AGE (in years)   Months   10. Months	6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	Y LIMITS?	07-
I. BIRTHPLACE (Stote or foreign country)   12. CHIZEN OF WHAT COUNTRY?   13. FATHER'S NAME WHAT COUNTRY?   14. CHIZEN OF WHAT COUNTRY?   15. MOTHER'S MAME   16. WAS DECASED FUER INLS. A RATED FORCES?   17. SOCIAL   18. INFORMANT   18. I	Male	White		WIDOWE	DIVORCED	Balto	•		1 1 4	ES 🗌	NO
WHAT COUNTRY?  ALUSUAL OCCUPATION (Give kind of working) life, even if referred)  6. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL  SECURITY NO.  18. INFORMANT  ADDRESS  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE CAUSE  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE CAUSE  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S, IF ANY, GIVING  RICCEDENT CAUSES  DISEASES OR CONDITION S CONTRIBUTING  TO THE BEACH BY CAUSE (A) STAING THE  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE (A) STAING THE  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE (A) STAING THE  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE (A) STAING THE  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE OF BEATH  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE OF BEATH  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE OF BEATH  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE OF BEATH  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE OF BEATH  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE OF BEATH  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE AND CAUSES  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE AND CAUSES  LIVERSTYNING CONDITION SCONTRIBUTING  TO THE BEACH BY CAUSE AND CAUSES  TO THE BEACH BY CAUSE AND CAUSES  BUT CONTRIBUTION CONTRIBUTING  TO THE BEACH BY CA	9. DATE OF BIRT				If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			ul St.			
10   10   10   10   10   10   10   10	11. BIRTHPLACE (S	State or foreign	country)	1		13. FATHER	S NAME		all the		
Cause of Death   Cause of Death   Cause of Death				4B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (his does not mean the mode of dying, e.g., heart failing, e.g., h						18. INFORM	MANT		A	DDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, eatherino, etc. It meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION IS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  DISTAGES OR CONDITION LAST.  ANTECEDENT CAUSES  DISEASES OR CONDITION ONLY IS ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  DISTAGES OR CONDITION ONLY IN ANY ANY ANY ANY ANY ANY ANY ANY ANY AN	19. = 00	nv.			CAUSE OF DEA	TH					
Columbia C	DISEAS	E OF CONDI	ION DIPE	TIV							
(Pils does not mean the mode of dying, e.g., heart follow, estherio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  DIFFERSION IF CAN CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  DISEASE OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE (A) STATING THE CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  DITING CAUSE OF DEATH.  HOME  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED  DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED  DITING CAUSE OF DEATH.  HOME  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED  DITING CAUSE OF DEATH.  HOME  22F. HOW DID INJURY OCCUR?  Fel1 down stairs  1 certify that I held an Inquiry Inspection Altoward Work The Month of CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AS					ANIMAMEDIATE	CAUSE In	tracerebr	al hemo	orrhage		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OF CONDITION LAST.  (C)  OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION (AST).  COLOR OR CONTRIBUTION GIVEN IN PART 1 (A).  DISEASE OR CONDITION (AST).  TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION (AST).  TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION (AST).  TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITIO					DUE TO, OR					····	444
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LOST.  (C)  DITTER SIGNIFICANT CONDITION LOST.  (C)  DITTER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)  22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. BUTING CAUSE OF DEATH.  12B. PLACE OF INJURY(e.g., in or obout home, form, foctory, street, office bidg., etc.)  13C. DITTER SIGNIFICANT CONDITIONS CONTRIBUTIONS DISEASE OR CONDITIONS DIS											
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LOST.  (C)  DITTER SIGNIFICANT CONDITION LOST.  (C)  DITTER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)  22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. BUTING GOR CONTRIB. UTING CAUSE OF DEATH.  HOME  22B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bidg., etc.)  HOME  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY  (APPROX.) 11 18 68 2:15 mp WORK NOT WHILE AT WORK Fell down stairs  1 certify that I held an Inquiry Inspection Altopsy XX and that an this bosis, death in my opinion  resulted from: Natural causes Accident XX Suicide Homicide Undetermined monner Accident XX Suicide Homicide Undetermined monner Accident XX Suicide ASSISTANT MEDICAL EXAMINER ASSOCIATE MED		NITE CED ENIT O	ALICEC								
Station   Easone Cause (a) Stating the Underlying Condition Last.   (c)				GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
Color   Colo	RISE TO THE	E ABOVE CAU	SE (A) STAT	ING THE							
222A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB.  UNDERLYING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bidg., etc.)  Home  22C. WHERE DID (if in Boltimore City, give exact location)  1NJURY OCCUR?  520 St. Paul St.  22F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK Fell down stairs  1 certify that I held an Inquiry Inspection Autopsy XX and that an this basis, death in my epinion resulted from: Natural couses Accident XX Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE SIGNATURE  EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.  24C. NAME of CEMETERY or CREMATORY A TOP OCCUR.  129F. HOW DID INJURY OCCUR?  Fell down stairs  129F. HOW DID INJURY OCCUR?  520 St. Paul St.  520 St. Pau		NG CONDING	JN LASI.		(C)						
222A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB.  UNDERLYING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bidg., etc.)  Home  22C. WHERE DID (if in Boltimore City, give exact location)  1NJURY OCCUR?  520 St. Paul St.  22F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK Fell down stairs  1 certify that I held an Inquiry Inspection Autopsy XX and that an this basis, death in my epinion resulted from: Natural couses Accident XX Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE SIGNATURE  EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.  24C. NAME of CEMETERY or CREMATORY A TOP OCCUR.  129F. HOW DID INJURY OCCUR?  Fell down stairs  129F. HOW DID INJURY OCCUR?  520 St. Paul St.  520 St. Pau	E 900,	0 1	1								
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UTING CAUSE OF DEATH.    Home   520 St. Paul St.	O LINIDERIVINIO			2 h	2B. PLACE OF INJURY(e.g. ome, form, foctory, street, offi	in or obout 2 ce bldg., etc.) I	NJURY OCCUR?	(If in Boltimor	re City, give ex	oct locotion)	
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resulted from: Natural couses Accident XX Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER NAME (Type) Ronald N. Kornblum, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  24C. NAME of CEMETERY or CREMATORY A TOP OCCUPATION A (City, 1000) or doubty) at 151616.	23.			_							
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ACTUAL SIGNATURE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER  EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  ASSISTANT MEDICAL EXAMINER NAME OF CREMATORY A TOP OCCUPATION A SOCIATION A SOCIATIO		6/	1	21	1/1/		CHIEF MEDICAL	EXAMINER			DATE SIGNIED
EXAMINER'S NAME (Type)  Ronald N. Kornblum, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  ASSOCIATE MEDICAL EXAMINER  November: 20,1 1968  1101/12/13/13/13/13/13/13/13/13/13/13/13/13/13/			old	MX	and the	ASSI	STANT MEDICAL	EXAMINER	XX		DATE SIGNED
NAME (Type) Ronald N. Kornblum, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  24C. NAME of CEMETERY or CREMATORY NATIONAL (City, Identity) and Including School (City) and Include School (City) and				1-1-4	M.	ASSC	CIATE MEDICAL	EYAMINED			
24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATONY A 1 CALL CLEY, Identity A 1 (City, Identity) A			nald N	I Kor	nblum M D	ASSC	CATE MEDICAL	SW7 TO	I DO NO	vember	-20 1968
12/16/67 LINIVERSITY MEDICAL SCHOOL	24A. BURIAL CRE	MATION, 24		No Kol	24C. NAME of CEMETERY	or CREMATO	AIDA	LOCATION			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BOLLD	REMOVAL (Speci	ify)	12/	16/61			UNIVER	VII	MEDIC	AT S	CHOOL
TO THE PROPERTY OF THE PROPERT	25A. DATE REC'D	BY HEALTH D	EPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR A	HILDIL	ADDRESS ~	CHD
DEC 18 1960 P. F. S. Standard - MURIUANI SERVICE		DEC 1	8 1968	00	Tre France	2 2	MORTU	ARY S	SERVIC		DUID
VS 151-REV. 1/1/68	VS 151-REV. 1/1/6	8 N	(32 )		CAN THE STREET						

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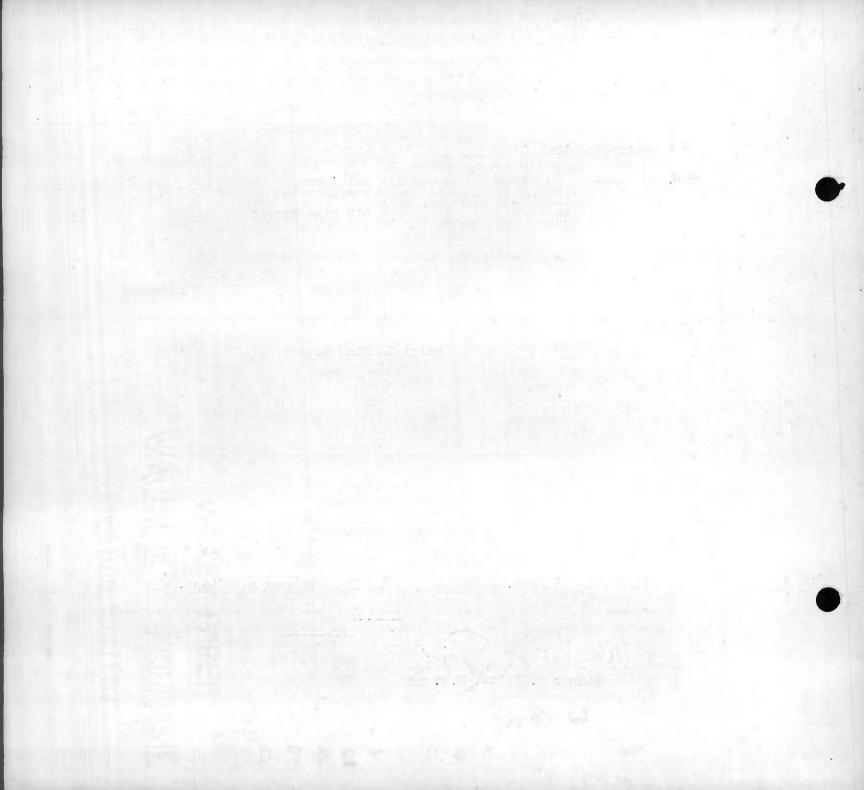
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VS 151-REV. 1/1/6B

68-12674 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68-12674

BIRTH NO.		MILD	ICAL	LAMMINER 3	CLKIII	ICATE OF	DLAI	REG. NO		
1. NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour
(Type or Print) LUCIND	٨		T	ONES	OF	Estimoted 🔯	Novem	ber 12,	1968	11:58 P.
		PVI A ND W		NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF				UTION, GIVE STREET		UNCED DEAD				
HOSPITAL	ADDRE	SS OR LOCA	TION)	OHOIN, OIVE STREET				r 12, 19		12:15 A M.
OR INSTITUTION					5. USUAL A. STATE	RESIDENCE (When	re deceosed li	ved. If institution:  B. COUNTY	residence	before odmission)
Univer	eity H	ospita	1 (DOA	)	Mary	land		B. COUNTY	1-	1-01
6. SEX	7. RACE	Ospita.		D NEVER MARRIED	C. CITY O			D. INSIDE CIT	YLIMITS?	-01
- SEA			1							
female	negr		WIDOWE			imore		YES	s X	NO L
9. DATE OF BIRTH	4	10. AGE (Ir		f Under 1 Yr. If Under 24 Hrs. Jonths , Doys , Hours , Min.	E. STREET	AND NUMBER				
		40	"			Pine Stre	et			
11. BIRTHPLACE (S	tote or foreig	1	12	CITIZEN OF		R'S NAME	-	-		
		, , ,		WHAT COUNTRY?	10					
14A. USUAL OCCUI done during most of w			14B. KIND C	OF BUSINESS OR INDUSTR	15. MOTH	ER'S MAIDEN NA	WE			
cone out ing most or w	orking me, ev	en interneu)								
16. WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	IB. INFOR	MANT		AD	DRESS	
(Yes, no or unknown)				SECURITY NO.					- 11200	
19. = 96	GX.			CAUSE OF DEA	HTA					PPROXIMATE INTERVAL
		IVI O D I DIDE	0711							
	E OR COND LEADING TO	ITION DIREC	CILLY			Wounds				
		mode of dy	ina o a	(A)IMMEDIATE						
heort foilure,	osthenio, etc	. It meons the	diseose,	DUE TO, OK	AS A CONSE	QUENCE OF:			189	
injury or com	aplication whi	ch coused dec	oth.)							
	ITECED ENIX	CALICEC								
	NTECEDENT		01/1/10	(B)	AS A CONS	FQUENCE OF:				
RISE TO THE	ABOVE CA	ONS, IF ANY	ING THE	502 10, 011	75 7 60113	EGOLINCE OI.				
UNDERLYIN	G CONDIT	ION LAST.		(C)						
O - O O				( - )						
THER SIGN		II NDITIONS CO	ONTRIBUTION	NG.						
O THE DEA	ATH BUT NO	RELATED TO	THE TERMIN						4	
		GIVEN IN PA		,						
20A. DATE OF	OPERATIO	N 20B. COM	NDITION FO	OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	OPSY? (Yes or No)
										Yes
₹ 22A. EXTERI	NAL CAUSE	WAS	122	B. PLACE OF INJURY (e.g.	in or about	22C. WHERE DID	(If in Boltimo	re City, give exoc		
UNDERLYING UTING CA			ho	ome, form, foctory, street, offi	ce bldg., etc.)	INJURY OCCUR?	•			17-6
UTING □ CA				home		419 Pin	e Stree	et (secor	nd flo	oor)
OF INJURY	(Month) (I	oy) (Year	Hour)	22E.INJURY OCCURRED		22F. HOW DID II	NJURY OCC	UR? subi.	stabbo	ed by
	1/11/6	8 11.	58 P.m	WHILE AT NO	WORK XX	unknown	accai	lant		
23.			2 2 4 [[	I. WORK	WORK 152	GIIICIIOWII	40041			
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1 Cert	ily mor i m	era an						_	_	
result	ted from: N	lotural cou	ses	Accident Suici	de 📙 🤰	omicide K		ned manner L		
	1000		- 1	C >1-		CHIEF MEDICAL	EXAMINER			DATE GLONIED
ACTUAL	ILLE	119	2/	251	AS	SISTANT MEDICAL	FXAMINER	XX		DATE SIGNED
SIGNATU		VUU	, ,	M.	D.					11/10/00
EXAMINI	V	Verner	U. Spi	tz(M.D.	ASS	OCIATE MEDICAL	EXAMINER			11/12/68
NAME (T	ype)					ANATO	MVD	DARD	IL M	ARVIAN
24A. BURIAL CREA REMOVAL (Specif		24B. DATE	,,	24C. NAME of CEMETERY	or CREMA	OKY TITE 240	FEGULION	MEHY! Towh,	or county	7 (State)
KEMO TAL (Specia	7/	12-1	6-61			HNILVE	VIID	MEDIC	AI	CCHOOL
OF A DATE BECOM	DV NEATTI			ME OF DECISERAD	loca	FUNEDAL DIREC	TOP	TANE TANE	DDRESS	SCHUUL.
25A. DATE REC'D	AMERICA TO A STATE OF THE PARTY	22 000000	238. NA	ME OF REGISTRAR	100	FUNERAL DIREC	Ma.		DDRESS	
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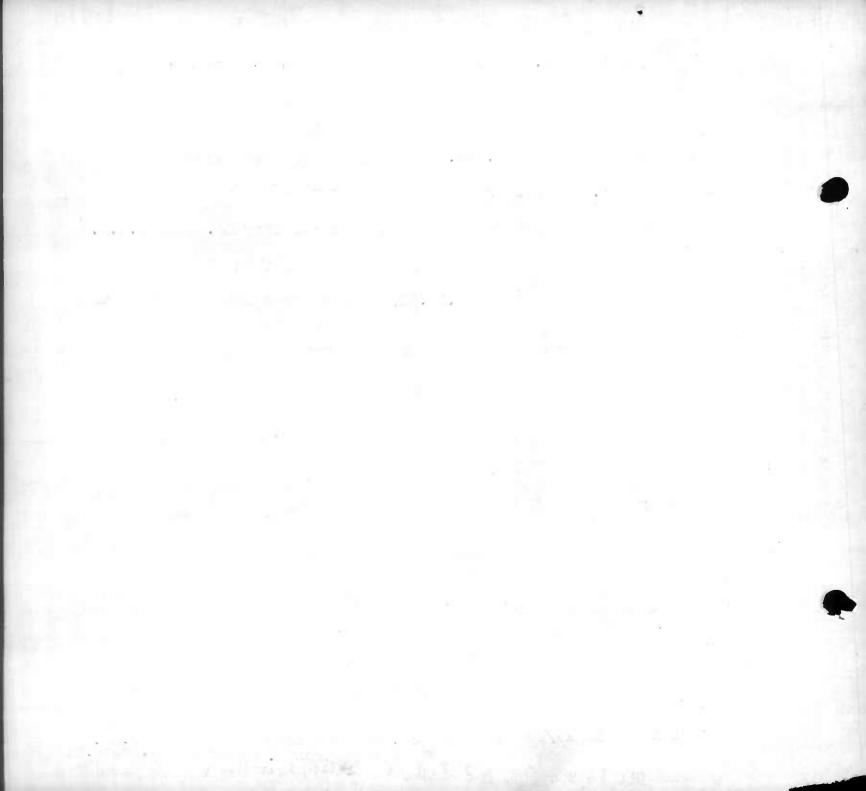
## 68-12675 baltimore city health department

68-12675

MEDICAL E	EXAMINER'S	CERTIFICA 1	E OF	DEATH
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BIRTH N	0		MEL	ICAL	EA	AMINER 5	LEKIIFI	CATEO	PUEAT	REG. NO.				
	E OF DEC	EASED					II2. DATE	V	NA 4L	D	V	Eu.		
(Type ar	HENRY	LAJEU	0			DTVON	OF	Known 📙	Month	Doy	Yeor	Haur		
		TALODE ALA	G.	WIEDE DD	211011	DIXON	DEATH	Estimated				9.1	M.	
						INCED DEAD	3. DATE	UNCED DEAD	Manth	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PRONOUNCED DEAD December 10, 1968 2:00 P. _{M.} [5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)								
00613 E. Baltimore St.						A. STATE B. COUNTY Maryland								
6. SEX 7. RACE 8. M		8. MARRII	ED 🗌	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS									
male white		WIDOWED DIVORCED		Baltimore VES X NO [										
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 60														
II. BIRTH	IPLACE (SI	tote or foreig		1	2. CIT	IZEN OF	13. FATHER			•	-			
WHAT COUNTRY?														
LAA HEHA	AL OCCUE	ATIONICS	kind of week	LAR KIND	OF BII	ISINESS OR INDUSTR	VIS MOTHE	D'S MAIDENI NI	A 44E					
		arking life, eve		TAD. KIND	OF BU	SINESS OR INDUSTR	1 13. MOTHE	K 3 MAIDEN IN	AME					
		D EVER IN I (If yes, give w				7. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS							
19.		~		-	-	CAUSE OF DEA	TH				AP	PROXIMATE II	NTERVAL	
3	5 /1.	8									BETW	VEEN ONSET A	ND DEATH	
		OR COND		CTLY		Fatty Al	teratio	n of Liv	er					
(Th		EADING TO t meon the		ing e.g		(A) IMMEDIATE	CAUSE							
he	art foilure,	asthenia, etc.	It meons the	disease,		DUE TO, OK	AS A CONSEC	DUENCE OF:						
Int	jury ar cam	camplication which caused death.)												
	AN	NTECEDENT CAUSES (B)												
		R CONDITIO				DUE TO, OR	AS A CONSE	QUENCE OF:						
U		G CONDITI		IING INE		(c)					- 15			
Ó-						(C)								
F 5	HER SIGN	FICANT CON	II IDITIONS C	ONTRIBUTI	NG									
S TO	THE DEA	TH BUT NOT	RELATED TO	THE TERMIN	VAL									
				- 1	OR W	HICH OPERATION W	AS PERFORM	AFD			21. AUTO	PSV2 (Yes	or No)	
8 9					0							1. AUTOPSY? (Yes or No)		
₹ 22A EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in ar about 22C. WHERE DID (If in 8altimore City, give exect loc								Yes (Partial)						
SUND	PERLYING	OR CON	TRIB-	h	om e, f	arm, foctory, street, offic	e bldg., etc.)	NJURY OCCUR	? (If in Salfimor	e City, give exc	ct locotion)			
≥ 22D.	TIME (		oy) (Yeo	r) (Hour)	22E	INJURY OCCURRED		22F. HOW DID	NJURY OCCU	IR?				
	ROX.)				m. WH		WHILE VORK							
23.					7		rtial							
9 1		fy that I he		nquiry _			topsy X		this basis,					
	result	ed from: N	otural cau	ses 🗶	Acc	ident Suici		omicIde 🔲		red monner [				
	ACTUAL		len	11.	<	17-	ASS	CHIEF MEDICA		TX		DATE SIG	NED	
	SIGNATU		LYVV	YIL	1	M.C	).					19/1	0160	
	NAME (T		Werner	r U. S	pht	z, M.D.	ASSO	CIATE MEDICA		120 0	T 20 7 A	12/1	10/68	
24A. BUR	RIAL CREA	AATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREMATO		LOCATION		, or county	1 1 1 (S1	ne) III	
	AL (Specif		17/	, /.				*********	A M M CHO M. I	RECOLO	11 0	CIEO	01	
				6/6/	1		1	INVE	SILL	MEDIC	AL	LIIU		
25A. <b>DA</b> 1	199.5	BY HEALTH I	1968 (	25B. NA	ME O	F REGISTRAR	25C.	FUNERAL DIRE	CIOR	A	DDRESS	CIID		
	84	A 10	1900 (	Molley	0 6	· Shirth	20	MORFI	ARY S	ERVIC	E - B	CIIV		

STATES OF THE STATES OF THE STATES 22/3/19



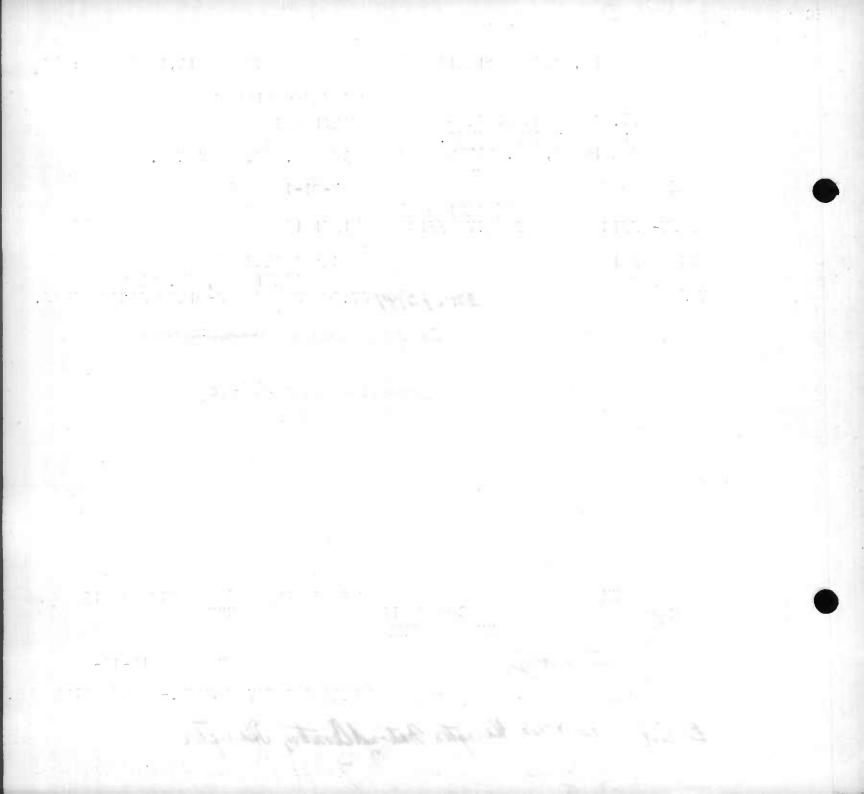
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

Birth Certificate B-15944 for Marie Gray born 2-14-1901 in Baltimore, Md. 2-6-69 M.H.

8: 45 USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
STATE

8. COUNTY -INSIDE CITY LIMITS? NO If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA BALTIMORE, MD. 21229 DDRESS RECORDS-WILKENS&CATONAVES. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that MK(this haspital) attended the deceased fram NOVEMBER 22 19 68 to DECEMBER 13 19 68. that (1) (we) last saw the deceased alive an DECEMBER 13 19.68 and that in (1)(1)(1) (aur) opinion death occurred an the date 23 B. DATE SIGNED 12-13-68 CATON AVES .- BALTO 21229 (City, town, or county) ADDRESS VS 150-REV. 1/1/6B



Sure stage Grant Charles Charles Contested the the 29-4 Mar Hearthe Jean D. av rocing to buy of will be by Tourist to a Ennel 12 18:58 H. Lonkes Cometery Mantageries

VS 150-REV. 1/1/6B

ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS UNERAL DIRECTOR

NO

Hours

If Under 24 Hrs. Hours i Min.

FALTH DEPARTMENT

Milery William

The Maryall May 200

Geniel 3-17-68 behater these that the theftern

68-12681 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO 1. NAME OF DECEASED Crockett (Type or Print) JAMES MINS 2. DATE Known 🔀 Month Yeor Hour OF 9 12 Estimoted 68 12:25 Ma DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Yeor Hour Month Dov PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET December 9. 1968 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Maryland GeneralHospital D.O.A. Maryland 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Male Colored Balto. WIDOWED DIVORCED NO YES E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In veors If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months | Doys | Hours | Min. 1017 N. Broadway 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? demore. 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Muntenance 10 ADDRESS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 8. NFORMAN (Yes no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2.94.11467. APPROXIMATE INVERVAL
BETWEEN ONSET AND DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple injuries (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ FICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Partial ¥ 22A 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-North Ave. 24' E. of Calloway Ave UTING CAUSE OF DEATH. (Yeor) (Hour) 22E.INJURY OCCURRED 22D. TIME (Month) 22F. HOW DID INJURY OCCUR? NOT WHILE OF INJURY (APPROX.) Pedestrian struck by auto Inspection Rutapsy XX and that an this basis, death in my apinian I certify that I held an Inquiry Accident XX Suicide Homicide resulted frank Natural causes Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE. M.D.

VS 151-REV, 1/1/68

ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Werner U 12/9/68 Spitz 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. 24B. DATE 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FUNERAL DIRECTOR **ADDRESS** 

3263 Yourd Burnet Gattina, not. David 12-1668 Bartina meterd Bertina Braky Killing State William

BALTIMORE CITY HEALTH DEPARTMENT



9-62-70 CS	68-12683 CERTIFIC	CATE OF DEATH REG. NO.	68-12683
an leat ase th	I. NAME OF DECEASED (Type or Print) JAMES A. VENEY	2. DATE AND HOUR OF DEATH	1 3:20 p m.
a hospit cause of ise; (5) De endance to death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BALTIMORE CITY HOSPITALS	4. USUAL RESIDENCE (Where deceased lived. If in a state B. County  Maryland Bal timore	
ed in pting d cau	4940 EASTERN AVE. BALTIMORE MARYLAND #21224	BOX 18, RT. 14 BALTIMOR	E, MARYLAND #21220
occurred in ontributing ermined ca regular at eased prior	5. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E 0 # _ 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)  13. FATHER'S NAME  JAMES Veney  JAMES Veney	MARYLAND  14. MOTHER'S MAIDEN NAME	U.S.A.
RTANT ssistant if d the direct kind; (4) U death wa nce on the	JAMES Veney  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.	RINGOLDIA Scott  17. INFORMANT 4940 EASTERN BCH: RECORDSBALTIMORE, MAR	
L. 50 L	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	CAUSE CONSEQUENCE OF:  AS A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH
FUNERAL by the chief medicital by a medic re; (2) Body burn where the physic	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21B. PLAČE OF INJURY (e home, form, foctory, stree etc.)	21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct lacation)
must be approvereleased to the haccident of any near hospital (except of death); and	22. I certify that (I) (this haspital) attended the deceased fram	12 1 19 68 and that in (my) (aur) ap	pinian death accurred an the date
This certificate the body was a shows: (1) An a was D.O.A. at deceased prior	G. MacDonald md. DEC 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) 2-17-68 NA. Calvary 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25B. DATE REC'D BY HEALTH DEPT. 25B. D	CREMATORY 24D. LOCATION (CONCERNAL DIRECTOR)  25C. EUNERAL DIRECTOR	
F + 0 > 0	VS 150-REV. 1/1/6B	Many y Concer 24	or Welver DI

called BCH, open in any. Sundy artest the Colony Brong Americanses of Paulshel & Eather Edward . The war

	A-2111	RELEASED ON APPROVALBALTIMORE CITY HEALTH DEPARTMENT
•	7505	68-12684 CERTIFICATE OF DEATH  REG. NO. 68-12684
	and eath ased the the	BIRTH NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
N	S S S S	(Type or Print) ASBY, Betty, 12/12/68 1 9:58AM
6	ospital se of c 5) Dece ince or death.	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  8. COUNTY
Ca	S) I	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)
6	4 80 0 8	HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  INSTITUTION
3	ca to	Johns Hop Kins Hospital. BALTIMORE DESTED NO
5	in attach	
8	de de	33 Halsted 4. 1417 E. Preston St.
7	rrib min mad	5. SEX 6. RACE 7. MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Hours; Min.
	occountry rrm reg ase ase	FEMALE /VEGRO WIDOWED DIVORCED 1/24/47 21
N	co n r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
0	or nd de	Ritchen helper Dollo, MA.
	if d rect (4) U way the spos	13. FATHER'S NAME
E	+ .= ' = - :=	EDWARD ASBY. MARY PA/mor
7	tan nd; eath	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.
1 10	- Sec	No Edw. Ash by - 1411 E. Madison ST
		18. CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
720.	his fo, fo, d	DISEASE OR CONDITION DIRECTLY AS CAPTURED TO A CONTINUE
0 4	Als att	(This does not meon the motion of dring). (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
9	er.	heort failure, asthenia, etc. It means the disease,
2	iring all	ANTECEDENT CAUSES PULMONARY BURN 12 days
2 5	- house	DISEASES OF CONDITIONS (B)
0 1	9 (S)	rise to the obove cause (A) statistication when the statistic property of the statistic property
	s ins	UNDERLYING CONDITION last. (c) 100 St. (c) 100 St.
9	dicallical rns; sici	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
200	P P P P P P P P P P P P P P P P P P P	TO THE DEATH BUT NOT RELATED TO THE TERMS A DISEASE OR CONDITION GIVEN IN PART 18 (A)
C. A.	dy dy ici	U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSYZ (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
77	the Second	E 12/1/20   OLGONAPIET SOFI
<u> </u>	topher (2)	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
12	N + 6 + 7 o	DEATH (notify medical exominer) etc.) HOME 1417 E. PRESTON ST.
	d b Sp turt (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
	d d d	At Work
	pro the iny exc an	22. I certify that ## (this hospital) attended the deceased from 12 12 19 68
	000.0	that (1) (we) last sow the deceosed olive on 12 (12 19 68 and that in (wy) (our) opinion deoth occurred an the date
	0 9 5 7	and haur and from the causes stated above. (1) (***) (did) (did not) view the body ofter death.
	ust be assed dent ospit deat	23A SIGNATURE 23B. DATE SIGNED
	must eleas ccide to da al m	Attending   Med. Director   Shaff   121268
		23C. PAYSICIAN'S NAME (Type)
	This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	JAMIES R. K CONDOMDERS D - HUPKINS HUSPITAL
	-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
	This certification of the body shows: (1) was D.O. deceased written a	BUTIM 12/17/68 MILAUBURH Com. WESCHOTT. Mel.
	This of the bashow was decembered	23A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAP 25D FUNERAL DIRECTOR ADDRESS
	エキなるする	18 18 18 1 P. O. & E. Jackey Miller 6 Chekon

CARDIORESPIRATORY AFREST 1117
PULMOUARY BURN 12 days
HODSE FIRE > SO'S BODY BURN 12 days

12/1/68 PULLONE BORN VB 1417 E. PRESTON ST.
12/12 1 CS PAM HOUSE FIRE
12/12 12/12 12/12
12/12 12/12
12/12 12/12
12/12 12/12

JAMES AK CONDON M.D - HUPKINS HOLDER

The state of the s

VS 150-REV. 1/1/68



VS 151-REV. 1/1/6B



531- 00 10	BALTIMORE CITY	HEALTH DEPARTMENT		
J-525 68-12	687 CERTIFICA	TE OF DEATH	REG. NO.	-12687
1. NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Type or Print) Johnson	, Louise	12	~16.68	A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PER	NO UN CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If institution	n: residence before admission
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	- 17
6 Franklin S	1 - h	E. STREET AND NUMBER		NO L
100-N. Calhoun	St pallin	ove 1416	ward '	KF 30
	NEVER MARRIED DIVORCED		9. AGE (In years If U last birthday) Mont	nder 1 Yr. If Under 24 Hrs ths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Torei	gn country) 12. (	CITIZEN OF WHAT COUNTR
House wife, even if retired)		Washin	De wolp	USA -
13. FATHER'S NAME	Coates	14. MOTHER'S MAIDEN NAM	the con	Butla
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANA	2000	ADDRESS
Yes, no or unknown) (If yes, give war ar dotes of servi	CAUSE OF DEATH	Westley &	ohnson 14	16 Ward ST
heart failure, osthenio, etc. II meons the dise injury at complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gi tise to the obove cause (A) stating UNDERLYING CONDITION lost.	ving DUE TO, OR AS The (C)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	20A. AUTOPSY? (Yes ar Na	20B. IF YES, WERE FINDIN	GS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	on which or engine		IN CERTIFYING CAUSES	F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	or obout 21C. WHERE DID	(If In Boltimore City,	give exact locotian)
OD 21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Nat While Work  Nork	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this hospital) attend that (1) (we) last sow the deceased alive		7.0		Seath accurred on the do
and hour and from the courses stated above	The state of the s			THE RELEASE
23A. SIGNATURE	11/7		Shaff Phys.	12 · 16 · (8
23C. PHYSICIAN'S NAME (Type) DY AFZ	AL MO	3D. ADDRESS Fram	Klin Sq. +	
Billiel 12/2/168	C. NAME OF CEMETRY OF CRE	MATORY 24D. LA	CATION (GIV.)	n or caunty) (State)
CONTRACTOR DE DEMANDE DE LA 120B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	gow fig	ADDRESS /
Curily 1212/168)	HITTHINK.	10001. 1s	IVIA YIM	



VS 150-REV. 1/1/68

40000	BALTIMORE	CITY	HEALTH	DEPART	MENT
3-12688	CEDTIE	CA.	TE O	E DE	ATL

REG. NO.

68-12688

IRTH NO. NAME OF DECEASED Type or Print)	EMMA MAE	JONES	1	mber 17, 19	4.00	2.30A
PLACE IN BALTIMOI	E, MARYLAND, WHERE		4. USUAL RESIDENCE (V	Vhere deceased lived.		dence before odmission
ULL NAME OF (		R INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	0/	Cant cirk in	
NSTITUTION			Baltimore	0	YES TOT	No $\square$
/	e Ridge Nursi	_	E. STREET AND NIMBER	R	LE 3-de-up	/ 100 🗀
470	3 Hampnett Av	renue	5907 XXXXXX A			
SEX 6. RA	CE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Months D	Yr. If Under 24 Hr.
female car	icasian   Will	DOWED DIVORCED	Dec. 28, 1880	lost birthdoy) 87		0,5
OA, USUAL OCCUPATE		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZE	N OF WHAT COUNTR
homemaker	, 110, 64611 11 1611100)		Bolivar, W.	Va.	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN			
John	H. Powers		Anna M.	Reinhart		
. Was Deceased Ever	n U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		A	DDRESS
no	s, give wor or dates of s	service) SECURITY NO. 220-01-2262	Mrs. Marie Po	wers, 4020	Granite .	Ave, Balto.
18. 444	217	CAUSE OF DEAT			BE	APPROXIMATE INTERVAL
	CONDITION DIRECTL	Y Mesen	tere thrombos	ie		4800.01
IFAT		*****			11111	1 arece
	ING TO DEATH	(A) IMMEDIATE CAL				
(This daes not me heart failure, osthe	on the made of dying nia, etc. 11 means the d	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
(This daes nat me heart failure, asthe injury or complicat	on the made of dying nia, etc. 11 means the d ian which coused death	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:			(1)
(This daes nat me heart failure, asthe injury or complicat	on the made of dying nia, etc. 11 means the d	g, e.g., Jiseose, 1.)	a consequence of:	riocleron	2.	10 yrs
(This does not me heart failure, asthe injury or complicate ANTE	on the made of dying nia, etc. II means the d ian which coused death CEDENT CAUSES ONDITIONS, if ony,	giseose, 1.)  (B)  Giving  GENOT  DUE TO, OR AS  OR AS	A CONSEQUENCE OF:	riocliron	2	10 yrs
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(This does not me heart failure, as the injury or complicated ANTE:  DISEASES OR Conise to the abounderstying co	con the made of dying nia, etc. It means the dian which coused death CEDENT CAUSES  ONDITIONS, if ony, ave cause (A) station NDITION lost.	giving (B) DUE TO, OR AS	a consequence of:	rischeron	2.	10 yrs
(This does not me heart failure, osthe injury or complicated ANTE:  DISEASES OR Crise to the absunderstying CO  170.2  OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITIONS	ton the made of dying nia, etc. It means the dian which coused death CEDENT CAUSES  ONDITIONS, if ony, are cause (A) statis NDITION lost.  I CONDITIONS CONTRIB NOT RELATED TO THE TER	giving (B) DUE TO, OR AS DUE T	A CONSEQUENCE OF:			10 yrs
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(This does not make at failure, osthe injury or complicate ANTE:  DISEASES OR Conise to the abounderstying composition of the control of the control of the control of the pearly but to the pea	con the made of dying nia, etc. It means the dian which coused death CEDENT CAUSES  ONDITIONS, if ony, are cause (A) statis  NOTION lost.  I CONTRIB NOT RELATED TO THE TER ION GIVEN IN PART 1 (A ATION 198. CONDITION WAS PERFORMS	giving (B) DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS O	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or	No) 20B. IF YES, WE	RE FINDINGS C	ATH?
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Baltimore, Md. Inches Inches Address Inches I

	6:	8-1268	20	TE OF DEATH	REG. NO.	68-12689
BIRTH NO.		O LINGO	CERTIFICA			
1. NAME OF DE (Type or Print)	LOUIS	W. LEI	NK		mber 17, 196	8   12.30 a. M
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence before odmission)
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	26	- 07
HOSPITAL OR	ADDRESS OR LOC	CATION)		C. CITY OR TOWN	D. INS	DE CITY LIMITS?
00	4414 Woodle	Amenia		Baltimore		YES 🗶 NO 🗌
	durd Moodre	a Avenue		E. STREET AND NUMBER		1 1 1 1 1 m -
				4414 Woodlea		206
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 1905	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
male	caucasian	WIDOWED		April 5, 109	63	
	CUPATION (Give kind of wo of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
painter				Baltimore, Md	•	USA
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N.	AME	
Ern	st Louis Lenk			Ida Alvina	Voigt	
5. Wos Deceos	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknov	vn) (If yes, give war or do	les of service)	217-09-2889	Mrs. Louis W.	Lenk, 4414 V	Woodlea Ave06
1B. /	2 Y I		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASES	amplication which couse ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) NG CONDITION last.	S any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Hartais Prost	Le Mont
TO THE DE	IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).				
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OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF		ne, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Yeor	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	,
(APPROX.)		Wh	ile At Not While	e 🗀		
22. L certif	fy that (1) (this hasults		he deceased fram 12	2-11/00/05	19 to 12	17-68 19
			12-14-48			nian deoth occurred on the dot
				iew the body after death		man death occurred on the got
23A. SIGNA		4				23B, DATE SIGNED
t.	W. Keaps	e m	DEGREE Phys		Staff Phys.	12-17-48
23 C. PHYSIC NAME	(T., a.)	Peake	DEGREE	4508 Harford	Road, Balto	, Md.
24A. BURIAL CI	REMATION, 24B. DATE (Specify)	24C. N.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ty, town, or county) (State)

Baltimore Cemetery

VS 150-REV. 1/1/6B

12/20/68

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25A. DATE REC'D BY HEALTH DEPT.

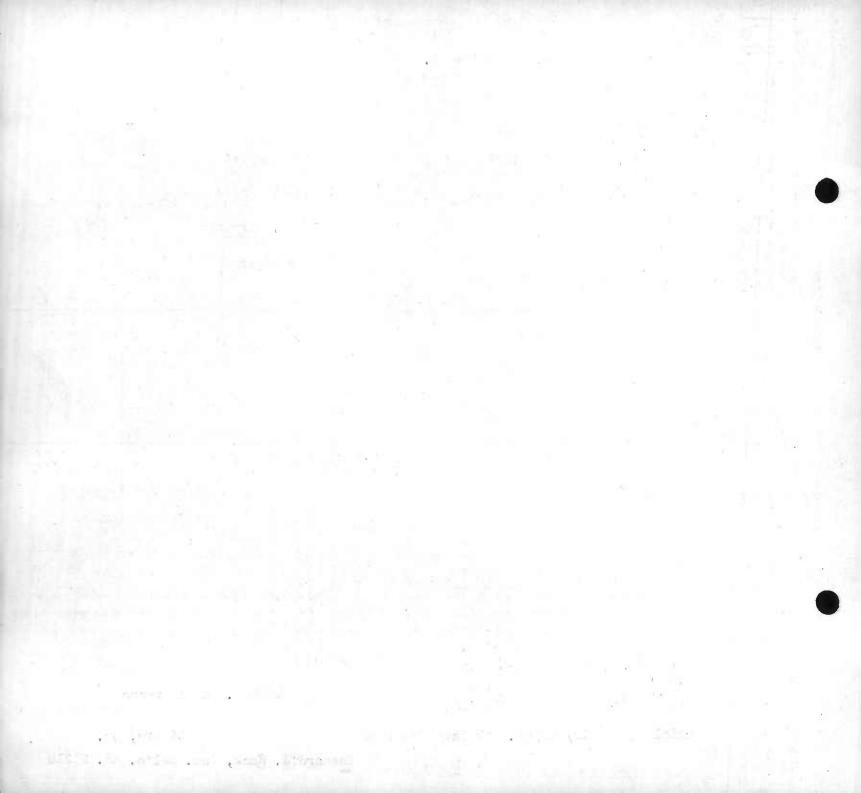
VS 150-REV. 1/1/6B

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cause

BRITH NO  TRANSFORD DECASED  TOWN OF PARM  MCKENNY, Mrs. Katherine T.  3. PLACE IN BALTIMORIE, MARKLAND, WHERE FRONDUNCED DEAD  MCKENNY, Mrs. Katherine T.  3. PLACE IN BALTIMORIE, MARKLAND, WHERE FRONDUNCED DEAD  MILL NAME OF MILL NAME OF MILL NOSPITAL OR INSTITUTION, GIVE STREET  NOSPITAL OF MARKLAND, WHERE FRONDUNCED DEAD  MASTITUTION  MEMORIAL HOSPITAL  1000 S. Caton Avenue  Baltimore, Maryland 21229  5. SEK  MARKED NOVER MARKIED OF BALTIMORY  MIDOWED NOVORCED OCT. 5, 1887  MIDOWED NOVORCED OCT. 5, 1887  MIDOWED NOVORCED OCT. 5, 1887  MARKLED NOVER MARKLED OCT. 5, 1887  MARY HARTIGAN  MEMORIAL HOSPITAL  13. FATHER'S NAME  John T. Horan  S. Web Deceased Eve in U. S. Armed Forces?  104. MOTHER'S MAIOEN NAME  JOHN T. HORAN  MEMORIAL MORE OF DEATH  MARY HARTIGAN  MEMORIAL RECORDS—JENKINS MEMORIAL HOSPITAL  (A) MARKLED NAME  JOHN T. HORAN  MEMORIAL RESIDENCE WHITE SERVICE BIRTH PARMED NAME  A. SIATE  MARY HARTIGAN  Months of Baltimore  725 Haghwood Drive  E. STREET AND NUMBER  725 Haghwood Drive  E. STREET AND NUMBER  726 Haghwood Drive  E. STREET AND NUMBER  727 Haghwood Drive  E. STREET AND NUMBER  728 Haghwood Drive  E. STREET AND NUMBER  729 Haus:  Mary Harrigan  Mary Harrigan  MARY HARTIGAN  MEMORIAL RECORDS—JENKINS MEMORIAL HOSP  MEMORIAL RESIDENCE WHITE WHITE SERVEN ON SET AND  MEMORIAL RESIDENCE WHITE WHITE SERVEN ON SET AND  MARKLED HART CAUSES  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) MARKELD HART CAUSES  DISEASES OR CONDITION DIRECTLY  LEADING TO DEATH  (A) MARKLED HART CAUSES  DISEASES OR CONDITION S. (A) solving the  UNDERLYING CONDITION TORK (A) solving the  UNDERLYING CONDITION TORK (A) solving the  UNDERLYING CONDITION TORK (A) solving the  UNDERLYING CONDITION OF THE REMNAN AND  MASS PROPORATION  MARK COUNTY TORK (A) SOLVING OF THE MARKED TO THE REMNAN AND THE MARKED TO THE REMNAN AND THE MARKED TO THE REMNAN AND THE MARKED T		00 1000	BALTIMORE CITY	HEALTH DEPARTMENT		68-12690
CALE AND HOUR OF DEATH   CAUSE OF DEAT		68-1269	CERTIFICA	TE OF DEATH	REG. NO	00 7.0000
Type or Panill  MCKENNY, Mrs. Katherine T.  3. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD  NOSMILL COR  NOSMILL COR  NOSMILL COR  BALTIMORE, MARVIAND, WHERE PRONOUNCED DEAD  NOSMILL COR  NOSMILL COR  BALTIMORE, MARVIAND, WHERE PRONOUNCED DEAD  SEE CATOL  NOSMILL COR  BALTIMORE, MARVIAND  CATOL  NOSMILL COR					D HOUR OF DEATH	
2. PLACE IN BATHMORE, MARTLAND, WHERE PRONOUNCED DIAD    WILL NAME OF	T D A	Y, Mrs. Kathe	erine T.			
HOSPITAL OR   ADDRESS OF LOCATION				A STATE B. COUN Maryland 21	e deceased lived. If i	
JENKINS MEMORIAL HOSPITAL     1000 S, Caton Avenue	HOSPITAL OR ADDRE	S OR LOCATION)	ITUTION, GIVE STREET			SIDE CITY LIMITS?
E. STREET AND NUMBER   E. STREET AND NUMBER   E. STREET AND NUMBER   T. A. MARKED   NEVER MARRIED   D. DATE OF BIRTH   T. A. A. D.		TAT. HOSPTTAT.		Baltimore		YES X NO
Baltimore, Maryland 21229  Test   Reace   The Maryland   Reace   The Marker   Reace   Reace   The Marker   Th				E. STREET AND NUMBER		
SEX   G. RACE   AMARRIED   NEVER MARRIED   B. DAIT OF BIRTH   92. AGE (in years   11 Under 1 Yr.   12 Under				725 Highwood	Drive	
AND JUSTAL OCCUPATIONIGN kind of work in a work in given to medium most of working life, seen if raired)  Discourage most of working life, seen if raired)  John T. Horan			D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr.
OA JULA OCCUPATION (Give kind of work) (DB. KIND OF BUSINESS OR INDUSTRY )  DOTATION WORKING (III. seri if relived)  OFFICE WORKER  JOHN T. HOTAN  JOHN T. H	F W				0.0	Totalinis Days Hadis Mill.
S. FATHER'S NAME  John T. Horan  S. Was Decessed Eve in U. S. Armed forces?  Annor our unknown) (Iff yes, give war ar dates of service)  No  16. SOCIAL SECURITY NO.  212-07-2761  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follow, estherial, etc. It mators the disease, injury or complication which coused deshin, over the mode of the disease, injury or complication which coused deshin, and it is to be a complication which coused deshin the UNDERLYING CONDITIONS, if any, giving itse to the above cause (A) stelling the UNDERLYING CONDITION Isst.  OF THE SIGNIFICANT CONDITION SCONTRIBUTING TO THE SIGNIFICANT CONDITION SCONTRIBUTING CONTRIBUTING TO THE FEMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE FEMINAL DISEASE OR CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Ves at No.) 208. IF YES, WERE FINDINGS CONSIDERED INC. CERTIFICATION (B). CONTRIBUTING CONDITION FOR WHICH OPERATION CONTRIBUTING TO THE FEMINAL DISEASE OR CONTRIBUTING CONT			OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTE
John T. Horan		ven if retired)		Baltimore, Ma	ryland	USA
No Deceared Seer in U. S. Armed Forces?  es, no or unknown] (If yes, give wor or doles of service)  No 212-07-2761    10	FATHER'S NAME	'		14. MOTHER'S MAIDEN NA	ME	
No Deceared Seer in U. S. Armed Forces?  es, no or unknown] (If yes, give wor or doles of service)  No 212-07-2761    10	Talen T Users			Mary Harries	an	
SECURITY NO.  NO  NO  212-07-2761  MEDICAL RECORDS—JENKINS MEMORIAL HOSP  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., hearl failure, a sthenic, etc. It means the disease, injury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the dave cause (A) stoling the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TREMINAL DISASE OR CONDITION TO THE TRE	. Was Deceased Ever in U. S	. Armed Forces?	1 6. SOCIAL			ADDRESS
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DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, estherio, etc. It means the disease, injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION lost.  (B) It the provided the pro					OKDS-JENKIN	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CRONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Haur) 21D. TIME (Month) (Day) (Year) (Haur) While At Work  21D. TIME (Month) (Day) (Year) (Haur) While At Work  21D. TIME (Month) (Day) (Year) (Haur) While At Work  22L. I certify that (H) (this haspital) attended the deceased from Wark  22L. I certify that (H) (this haspital) attended the deceased from OR CONTRIBUTING  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23C. PHYSICIAN'S  23D. ADDRESS	DISEASES OR CONDITION THE TOTAL THE	TIONS, if any, givin cause (A) stoting th	g DUE TO, OR AS	A CONSEQUENCE OF:	we pl	lot year
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes ar No)   12B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    20A. AUTOPSY? (Yes ar No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in ar about 12 C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR?    21D. TIME	OTHER SIGNIFICANT CONT	ELATED TO THE TERMINA	puel	thicky.		yeovy.
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   After bidg.   21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Amme, form, factory, street, affice bidg.   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   INJURY OCCUR?   (If in Baltimore City, give exoct lacotian)   Injury Occur?   (If in Baltimore City, give exoct lacotian)   (If in Baltimore City, give exoct lacotian)   (If in Baltimore City, give exoct lacotian)   (If in Baltimore City, give exo	19A-DATE OF OPERATION	19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes at No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
While At Work  22. I certify that (H) (this haspital) attended the deceased from that (H) (we) last saw the deceased alive on December 17 19 68 and that in (my) (aur) apinian death accurred an that and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23C. PAYSICIANS  23D. ADDRESS	OR CONTRIBUTING CA DEATH (notify medical exo	DERLYING 2 USE OF himiner) 2	ame, form, factory, street, al	n ar about 21 C. WHERE DID	(If in Baltima	pre City, give exact lacotion)
that (#) (we) last saw the deceased alive on December 17 19 68 and that in(my) (aur) apinian death accurred an that and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Phys.  Attending Phys.  23C. Physicians  23B. DATE SIGNED  12/17/68	S OI MOOKI	V	Vhile At 🗀 Nat Whil	e C	URY OCCUR?	
and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med. Director Director Phys.   23B. DATE SIGNED				T sprif 1	19 66 to Dec	ember 17 19 68
23A. SIGNATURE  Attending Med. Director Phys.  23B. DATE SIGNED  23B. DATE SIGNED  23C. Physicians 23C. Address  23D. Address					at in(my) (aur) ap	inian death accurred an the da
23C. PAYSICIAN'S  AMAGE (Type)  23D. ADDRESS		1 910	Ano	ending [ Med. ]	Staff	23B. DATE SIGNED
1000 S Caton Avama	23C PHYSICIAN'S	rua villa	DEGREE!		Phys.	12/17/68
U. Maximond of ad UP DEGREE	J. Ray	mond 6	lad ue DEGREE			
44. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Specify)  Burial 12/20/68. Oak Lawn Cemetery Baltimore, Md.	REMOVAL (Specify)					

24D. LOCATION (City, town, ar caunty) (State) Oak Lawn Cemetery Baltimore, Md. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
L'ADDRESS
L'ADDRÉSS | L'ADDRÉSS



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIR	TH NO.		77120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WALLE O			D L/ (11	REG. N	0		
	NAME OF DEC	EASED					2. DATE	KnawnXX	Month	Doy	Year	Hour	
(Тур	ROLAN	D	PAU	7		DUFF. J	OF R DEATH	Estimoted	Decer	mher 1	6, 1968	8:40	DM
4.	PLACE IN BALT				RONO		3. DATE		Month	Doy	Year	Hour	1 441.
FUL	L NAME OF SPITAL INSTITUTION					ON, GIVE STREET		SIDENCE (Where	Decembe			8:40	
4	St. A	gnes Ho	ospita	1			A. STATE Mary	land		B. COUNT	Y	ciare damiis	
6.	SEX	7. RACE		8. MARR	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. HAGIDE	CITY LIMITS?	D1	2
1	male	whit	te	WIDOV	VED [	DIVORCED [	Balt	imore		1	YES X	100	
	ay 22, 1		10. AGE (I last birthdo		If Un Mantl	der 1 Yr. If Under 24 Hrs. hs   Doys   Hours   Min.		ND NUMBER William	Street				
11.	BIRTHPLACE (S	ryland	n country)			HATACOUNTRY?	13. FATHER			and P.	Duff,	Sr.	
don	USUAL OCCUP during most of w Chauffeu	arking life, ev	ekind of work en ifretired)			SUSINESS OR INDUSTR	15. MOTHER	S MAIDEN NA	ME	ther D			
	WAS DECEASE		U.S. ARMFI			er Co.	18. INFORM	ANT			ADDRESS		
	Yes	(If yes, give w				SECURITY NO.		argaret I	ouff		(Sam	e)	
	19. E 8	16,0	)			CAUSE OF DEA	тн					PROXIMATE INT	
	(This daes no heart fallure,	E OR COND LEADING TO at mean the asthenia, etc. plicotian whice	DEATH made of dy . It means the	ying, e.g., e disease,		(A)IMMEDIATE	ple Inj						
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEA	THE BUT NOT	ONS, IF AN USE (A) STA ION LAST.  II NOTIONS C RELATED TO	ONTRIBU	TING	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:					
RTI						WHICH OPERATION W	AS PERFORM	FD			21. AUTO	PSY? (Yes a	(Na)
CE	1	0. 2		11011		THE COLUMN TO TH	AS TEXTORIN						,
4	201		11145		1000 5	1 1 05 05 INVIEW			for a fire	-	Ye	5	
MEDICA	UNDERLYING UTING CAI 22D. TIME ( OF INJURY (APPROX.)  23.	USE OF DEA Month) (D 12/161, ify that I h	TRIB- TH. Pay) (Yea /68 7	r) (Hou	) 22 m. W	Inspection Au	WHILE 2	Frederic 2F. HOW DID IN struckfi then rar ond that on t	k and ]  JURY OCCU  re plug  over 1  his basis,	Loudon R? sub trow him. deoth in m	Avenue	er of	
	ACTUAL	ed from: N		L/L	Z	Suici	ASSI	micide [_] CHIEF MEDICAL STANT MEDICAL				DATE SIGN	IED
	SIGNATU EXAMINI NAME (T	ER'S W	erner	U. Sp	itz	, M.D.	),	CIATE MEDICAL			12,	/17/68	
24 RE	A. BURIAL CREA MOVAL (Specif Burial	AATION, 2	1.2/20	/68.		Name of CEMETERY			LOCATION	(City, to	own, or caunty)	(Stat	e)
	A. DATE REC'D	BEC 1	DEPT.	. 1 012		of registrar		neral direct		nc. Ba	ADDRESS 11to. Md	. 2121	4 /
V5	151-REV. 1/1/6B		100 / G	9 .	1								1/

May 22, 1933. Cartiforn Transfer Co. (some ) that downgram . art ren Korean

12/20/35 | baltimore Markumel Committee | 5:\00\41

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. TO LANCE . HARRY

68-12692 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICAT	TE OF	DEATH

		ME	DICAL	EXAM	MINER'S	CERTIFI	CATE OF	DEATI	H H	68	-1269	32
BIRTH NO.									REG. NO.	1710		
NAME OF DEC	EASED					2. DATE	Known	Month	Doy	Yeor	Hour	
ype or Print) EARL		W.		BAN	NKS	OF DEATH	Estimoted X	Decem	ber 16,	1968		М.
. PLACE IN BAL	TIMORE, MA		WHERE P			3. DATE		Month	Doy	Yeor	Hour	7.11
ULL NAME OF	(IF NO	T IN HOSPIT	AL OR INS	TITUTION, GI	VE STREET	PRONO	UNCED DEAD T	ecembe	r 16, 1	968	10:57	Α
OSPITAL OR INSTITUTION	ADDKE	ESS OR LOC	AllON			5. USUAL R	ESIDENCE (Where					
Unior	n Memor	ial H	osnita	a1 (DOA	()	A. STATE	yland		B. COUNTY			,
	7. RACE	101 11			/ER MARRIED	C. CITY OR	,		D. INSIDE CI	LY LIMITS?	15	
male	v.zh	ite		VED 🗌	DIVORCED [	Ro 1	timore		ONU	1		
DATE OF BIRTH		10.AGE (			r. If Under 24 Hrs.		AND NUMBER		YE	s &	NO L	
Ma rch 2		I . I I .		Months Do	ys Hours Min.		8 Stanwood	l Avenu	.e			
I. BIRTHPLACE (S	tote or foreig	on country)		12. CITIZEI	N OF	13. FATHER	'S NAME	0.00				
Maj	ryland			WSA C	COUNTRY?		1	Harry H	Banks			
A.USUAL OCCU	PATION (Giv	e kind of work	148. KINI	OF BUSIN	ESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA					
one during most of w Retired								Ag	nes For	rest		
6. WAS DECEAS	ED EVER IN	U.S. ARME	DFORCE	S? 17. S	OCIAL	18. INFOR	TAAN		AC	DRESS		
(es, no or unknown)	(If yes, give v	wor or dotes	of service	215	-03-9019A	Mrs. M	ay E. Banl	cs		(Same	1)	
19. 41 1 6	-11			F-2	CAUSE OF DEA						PROXIMATE INTE	RVAL
7/3	141									BETW	EEN ONSET AND	DEATH
	E OR COND		CTLY		Arterio	sclerot	ic Cardio	ascula	r Disea	se		
	LEADING TO of meon the		vina e a		(A)IMMEDIATE	CAUSE	UENCE OF					
heort foilure	, osthenio, etc	. It meons th	e diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:					
injury or com	ipiiconon wiii	Cii Coosea de	om.)									
1A	NTECEDENT	CAUSES			(8)							
DISEASES	OR CONDITI	ONS, IF AN	Y, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYIN	IG CONDIT	ION LAST.	TING IN		(c)							
5					(0)	***************************************			*******			
OTHER SIGN	IFICANT COL	II NDITIONS C	ONTRIBU	TING								
O THE DEA	CONDITION	RELATED TO	THE TERM	MINAL								
_					H OPERATION W	AS PERFORA	NED			21. AUTO	PSY? (Yes or	No)
5												-
₹ 22A. EXTER	NIAL CALISE	WAC		DI ACE	OF INITIDAY's -		OC WHERE DID	Alf to Dolaton	- C'h 1		No	
UNDERLYING UTING CA		ITRIB-		home, form,	foctory, street, offic	ce bldg., etc.)	NJURY OCCUR?	(ir in Bollimor	e City, give exo	cr locotion)		
≥ 22D. TIME		Doy) (Yed	or) (Hou	r) 22E.INJ	URY OCCURRED		2F. HOW DID IN	JURY OCCU	R?			
(APPROX.)				m. WHILE A		WHILE WORK						
23.				III. WORK		TORK L						
I cert	ify that I h	eld on	Inquiry	Insp	ection X Au	topsy [	and that an t	his bosis,	death in my	opinion		
result	ted from: N	latural ca	Isas V	Accide	nt Suicie	и Пер	omicide 🔲	Undetermin	ed monner	7		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							CHIEF MEDICAL I					
ACTUAL	1/10	2400	1.	Sail.			STANT MEDICAL I		=		DATE SIGNE	D
SIGNATI		The	XV	-m	M.E	).					12/16/6	Q
EXAMIN NAME (1	ype)	Werner	U. S	4	M.D.		CIATE MEDICAL I				12/16/6	1
24A. BURIAL CREA		24B. DATE		24C. NA	ME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	, or county	(Stote)	)
Burial	"	12/1	9/68.	St.	John's Ep:	iscopal	Cemetery	Ki	ngsvill	e. Md.		
SA. DATE REC'D	BY HEALTH		-	NAME OF RE			FUNERAL DIRECT			DDRESS		
	-	8 1968			Extraction		nard J. R		c. Balt	o. Md.	21214	

VS 151-REV. 1/1/68

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235-03-9019a keps. May S. Lenks (Casen)

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DIRECTOR:

UNERAL

VS 150-REV. 1/1/6B

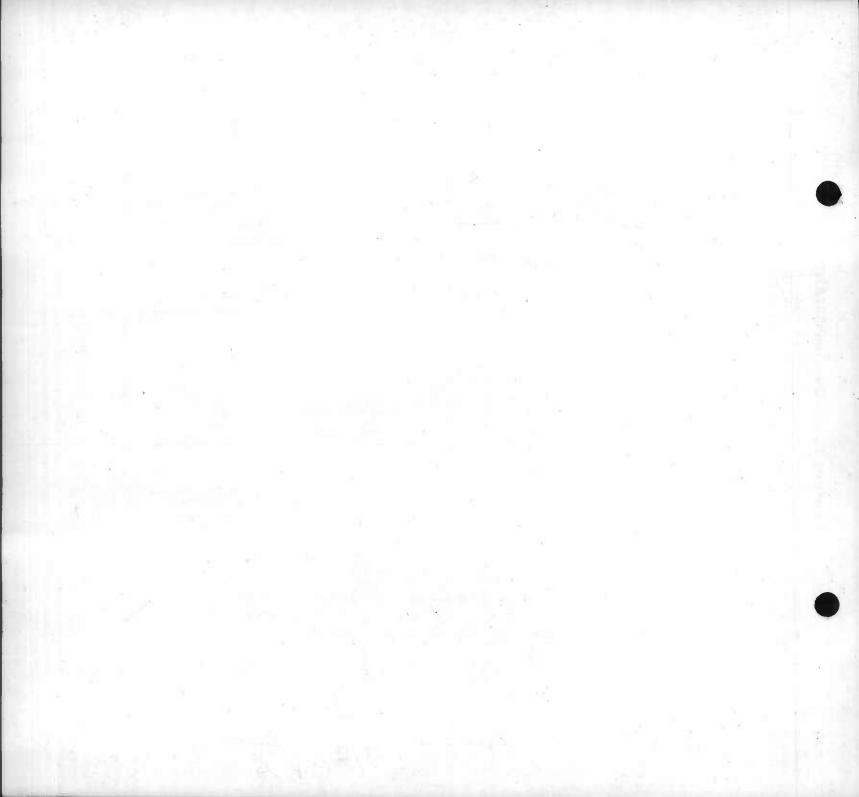
BALTIMORE CITY HEALTH DEPARTMENT 68-12693 CERTIFICATE OF DEATH REG. NO 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS + 13me APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



IMPORTANT

DIRECTOR:

FUNERAL



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no

BALTIMORE CITY HEALTH DEPARTMENT 68-12695 CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ABRAHAM BRIGHT DECEMBER 12, 1968 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARVLAND HOSPITAL OR ADDRESS OR LOCATION D HISIDE CITY LIMITS? C. CITY OR TOWN 12-18-68 21207 NO YES BALTIMORE 4311 MAINE AVENUE E. STREET AND NUMBER 4311 MAINE AVENUE 9. AGE III. 9. AGE (In years 5. SEX B. DATE OF BIRTH 6. RACE If Under 1 Yr. Manths: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours Sept. 10, 1883 WIDOWED 86 DIVORCED MALE WHITE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) PROPRIETOR RUSSIA U.S.A. MERCHANT-GROCERY 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME HERBERT BRIGHT MAREL 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. MRS. RUTH GLASSMAN. 4104 LOWELL DRIVE #21208 NO 577-40-7029 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above couse (A) stating the UNDERLYING CONDITION last. П 420. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, farm, foctory, street, affice bldg., INJURY OCCUR? AL DEATH (natify medical exominer) MEDIC, 21 D. TIME OF INJURY (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hespital) attended the deceased/fram 19 that (1) (we) last saw the deceased alive an. and that in (my), Lour) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did nat) view the body after death. 23A/SIGNATURE 23B. DATE SIGNED Attending [ Med. Staff Director Phys. PHYSICIANS 23D. ADDRESS NAME LType)

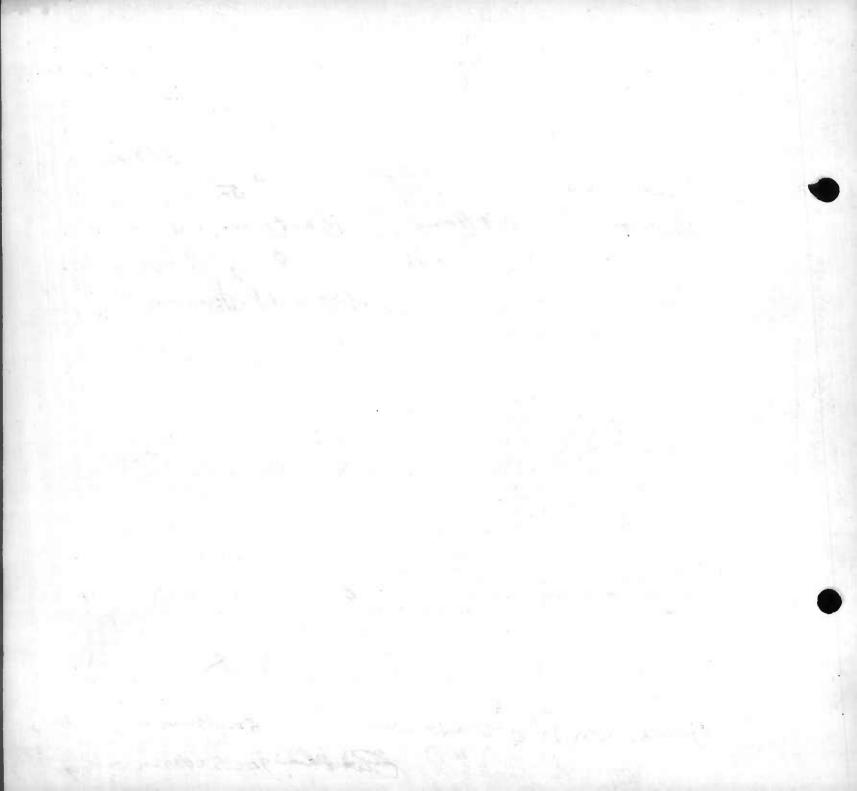
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12-13-68 BNAI REUBEN ROSEDALE, MARYLAND Burial 256 FUNGRAL PIRECTOR
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 25A. DATE REC'D BY HEALTH DEPT.

VS 153 12-18-68 M.H.

VS 150-REV. 1/1/6B

08-12696 D. INSIDE CITY LIMITS If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12, CITIZEN OF WHAT COUNTRY? arentus APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, give exoct location) and that in (my) (our) opinion deoth occurred an the dote 23B. DATE SIGNED

13. 16 Service Service of the servic

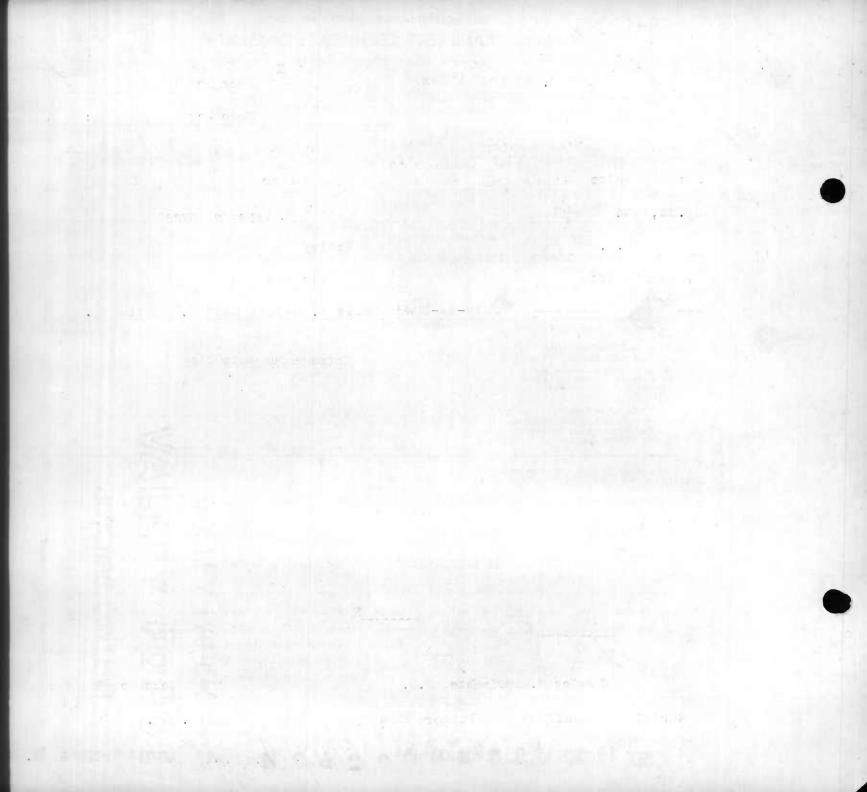


R-240 F-200

BALTIMORE CITY HEALTH DEPARTMENT

68-12698	BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH

68	3-1.26	98 MED	ICAL	EXAMINER'S			DEAT	H REG. NO.	68-1	L2698	
BIRTH NO.								WEO: 110.2			
1. NAME OF DEC	CEASED	GARY S	. RUS	SELL ( Fox)	OF	own X	Month Decer	mber 14,	Yeor 1968	Hour	М.
4. PLACE IN BAL	LTIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTI	ITUTION, GIVE STREET	5. USUAL RESIDER			mber 14,			A. M.
	Johns H	lopkins	Hosp	ital (DOA)	A. STATE	yland	deceosed II	B. COUNTY	residence	72	ion
6. SEX	7. RACE		B. MARRI	ED NEVER MARRIED	C. CITY OR TOW	V		D. INSIDE CIT	TY LIMITS		,
Male	Whit		WIDOW	brad brad		timore		YE	s 🔀	No 🗆	
9. DATE OF BIRT		10. AGE (In lost birthdoy 24		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND N						
11. BIRTHPLACE				12. CITIZEN OF	13. FATHER'S NA		ayette	Street			
TT. DIKTITE CACE	N.C.			WHAT COUNTRY?	Kelle						
			4B. KIND	OF BUSINESS OR INDUSTR	15. MOTHER'S MA	AIDEN NAA	ΛE				
done during most of v	er Offi	ce			Loi	s Fox					
16. WAS DECEAS	ED EVER IN	U.S. ARMED			IB. INFORMANT			AC	DRESS		
(Yes, no or unknown	(If yes, give	wor or dotes o	of service)	218-42-3084	Doris V.	Rucea	11 220	77 E Fas	ratta	9+	
19. 🖘 🔉	(1. O)			CAUSE OF DEA		Musse.	LL aa(	Jr B.ray	A	PPROXIMATE INT	
00	7-7-1								BETV	WEEN ONSET AN	D DEATH
heort foilure injury or col A DISEASES RISE TO TH	not meon the e, osthenio, etc mplicotion whi	mode of dyi It means the ch coused dea CAUSES ONS, IF ANY USE (A) STAT	diseose, th.)	(B)	AS A CONSEQUENCE	**	narco	DEISM			
Z UNDERLYII	NG CONDIT			(C)							
O TO THE DE	NIFICANT COL ATH BUT NO R CONDITION	T RELATED TO	THE TERM!								
20A. DATE O	F OPERATIO	N 20B. CON	DITION	FOR WHICH OPERATION W	AS PERFORMED			Tel Tel	21. AUTO	OPSY? (Yes or	No)
0 2										Yes	
22A. EXTER UNDERLYING UTING CA		ITRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic			(If in Boltimo	re City, give exo	ct location)		
		Doy) (Yeor		WHILE AT NO	WHILE	OW DID IN.	JURY OCC	UR?			
23.				m. WORK AT V	VORK L						
I cer	NER'S C	Hotural cau	J.	Accident Suici	de Homicio CHIEF		Undetermi XAMINER XAMINER	death in my		DATE SIGN	
24A. BURIAL CRE	MATION,	Decl7	7/68	24C. NAME of CEMETERY Baltimore C		24D.	LOCATION	(City, town	, or county	(Stot	e)
25A. DATE REC'D	BY HEALTH		25B. N	AME OF REGISTRAP		RAL DIRECTO		VA	DDRESS	Orleans	s St.
VS 151-REV. 1/1/6		1000	hear	4 3	EVVIL	NI	1	HORN			



19 1968

VS 150-REV. 1/1/68

68-12699 CERTIFICATE OF DEATH REG. NO. 68-12699
CENTILICATE OF DEATH
BIRTH NO.  1. NAME OF DECEASED
Type or Print) GWYNN BENJamen 12.17.68 4.18-A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the sta
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  GETTY OR TOWN
HOSPITAL OR ADDRESS OR LOCATION)
36 Frankein Sev. 140 872. Baltingo Mester NO
100 N' Calhoun St Ballinior E STREET AND NUMBER 513 N GW mor St
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday). Months; Days Hours; Min.
WIDOWED TOORCED TO 8 18 87
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY of working life, even if retired)
D. S. J.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT
Tosula guyun Hargaret Comaci
30 seems from the
(Yes, na ar unknown) (If yes, give war or dates of service)   SECURITY NO.
216-01-1628 Edna Thomas 1115 Mc Kean Ave. 212
18. CAUSE OF DEATH  APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH  (A) IMMEDIATE CAUSE  VELLUE VIA
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,
injury or complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
rise fo the above couse (A) stating the UNDERLYING CONDITION last. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  home, form, factory, street, office bldg., INJURY OCCUR? etc.)
D 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY White AA - Net White -
Work At Work
22. I certify that (I) (this haspital) attended the deceased fram 9.12.1968 ta 19.17.19.68
that (I) (we) last saw the deceased alive an
and haur and from the causes stated abaye. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE AND ATE SIGNED
Attending Med. Stoff 19-17.10
23C. PHYSICIAN'S    Director   Phys.   Director   Phys.   Director   Phys.   Phys.   Director   Phys.   Phys.   Director   Phys.   Phys.   Phys.   Director   Phys.
NAME (Type) M. AFZAL Sawlin Say Hosp
DEGREE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote REMOVAL (Specify)
h
DUTIAL 12/20/68 APOUTUS Memorial Park Baltimore, Md. 21227 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RESISTRAR 250 FUNESAL DIRECTOR ADDRESS

Park Heights Ave.

Gwynn

Lewis

213-10-312 January and Salar 18 01 Pa 17 84 Make por in Blue At

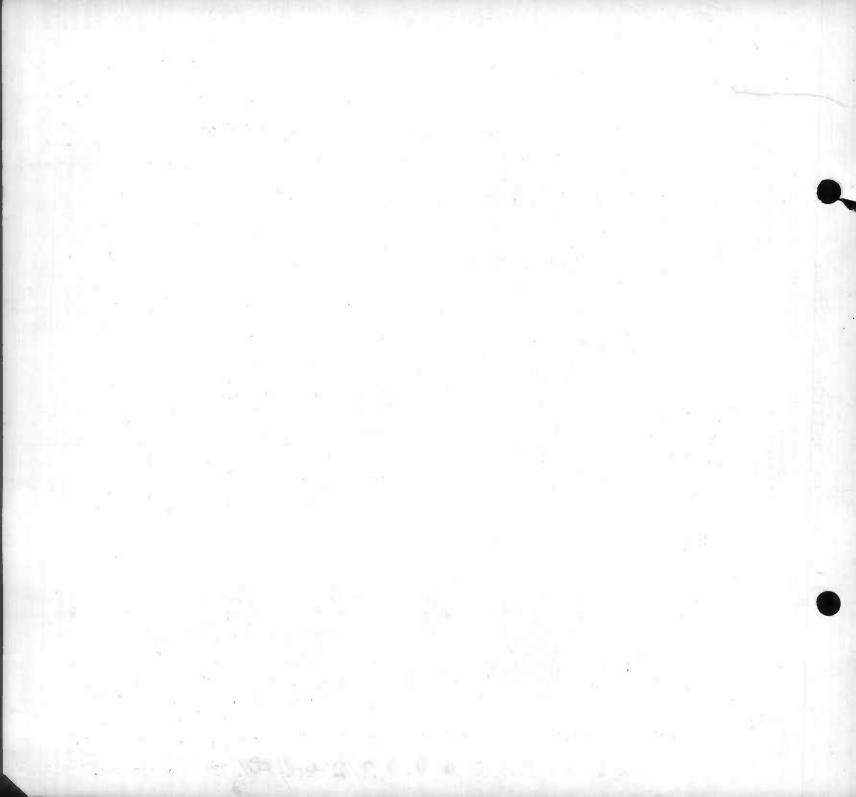


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68-12701 BALTIMORE CITY HEALTH DEPARTMENT

00-12/01	4000
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO.	-1270

RID	TH NO.	WEI	CAL	EXAMINER'S	LEKTIFIC	LATE OF	DEAT	H REG. NO.	() L	~ ~ ~ ~	<u> </u>
1. [	NAME OF DEC	EASED			2. DATE	Known []	Month	Doy	Year	Hour	
(Тур	e or Print) WAL1	<b>4</b> Dispi	E.M	SCHAAR	OF DEATH	Estimoted 🔯		mber 16.	1968		
4.		TIMORE, MARYLAND,			3. DATE	X	Month	Doy	Yeor	Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)				NCED DEAD	Decei		1968	12:0			
OR	INSTITUTION				A. STATE	SIDENCE (Where	deceosed I	B. COUNTY	residence be Arunde]	-	on)
6. 5		sity Hospita 7 RACE		<b>₽</b>	C. CITY OR	yland		D. INSIDE CI		00	(-00
	male	white	WIDOV	NEVER MARRIED DIVORCED	Riv	timore)	h			10 KX	
	ATE OF BIRTH	1 10.AGE (	In yeors	If Under 1 Yr. II Under 24 Hrs.		ND NUMBER					
	Dec. 10	1013 lost birthd	55	Manths Doys Hours Min.	158	Park Dri	370	Riviera	Reach	21122	2
11.		tate or foreign country)	33	12. CITIZEN OF	13. FATHER		. v C	-4242026	20011	Rode de By F	**
	Baltima	ne Manual and		WHAT COUNTRY?	11.9						
144		re, Maryland		U. S. A. OF BUSINESS OF INDUSTRY		ter A. Sc					400
		orking life, even if retired									
	Salesma			andy Business		L A. Haff	er	,	DDECC		
(Yes	, no or unknown)	ED EVER IN U.S. ARME (II yes, give war or date:	of service	S? 17. SOCIAL SECURITY NO.	18. INFORM				DDRESS		
	Yes	WW 1 WW	11	215-10-8561		Doris E.	Schaar	158 Par			.22
	19.412.	41		CAUSE OF DEA	TH					EN ONSET AN	
	DISEASI	E OR CONDITION DIR	ECTLY	Antonia	aalamat	ic Cardio	370 0 011	lar Dice			
		LEADING TO DEATH		(A)IMMEDIATE (		ic cardic	vascu.	ial Disc	ase		
	(This does no	ot mean the mode of d	ying, e.g.,		AS A CONSEQ	JENCE OF:					
		plication which caused de									
ш											
		NTECEDENT CAUSES OR CONDITIONS, IF AN	V CIVING	(B)	AS A CONSEC	HENCE OF					
	RISE TO THE	ABOVE CAUSE (A) STA	ATING THE	DUE 10, OK	A3 A CONSEC	DETICE OF.				P	
Z	UNDERLYIN	IG CONDITION LAST.		(c)							
CERTIFICATION	422	) []					AU				
N/O	OTHER SIGN	FICANT CONDITIONS CATH BUT NOT RELATED TO	ONTRIBU	TING							
Ĕ		CONDITION GIVEN IN				9 0 minus in commune and					
ERT	20A. DATE OF	OPERATION 20B. CO	NOITION	FOR WHICH OPERATION W	AS PERFORM	D	1111		21. AUTOP	SY? (Yes or	No)
Ü	2,									Yes	
¥	22A. EXTERI	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	in or obout 2:	C. WHERE DID	(II in Boltimo	ore City, give exa	ct location)	100	
EDIC		OR CONTRIB-		home, form, lactory, street, offic	e bidg., etc.) IN	JURY OCCUR?					
ME	22D. TIME	USE OF DEATH. (Month) (Doy) (Yes	or) (Hou	r) 22E, INJURY OCCURRED	2:	F. HOW DID IN	IURY OCC	UR?			
-	OF INJURY	(2007) (16	,, (1100		WHILE	HOW DID IN	, OKT 000	J. C. K.			
	(APPROX.)				VORK						
	23.	ify that I held on		7 L	topsy X		Lin boots	, deoth in my	••		
								-	_		
Н	result	ed from: Natural ca	uses X	Accident Suicio	de 🔲 Ho	micide 🔲	Undeterm	ined manner L			
	4.071141	11111111	15	-5/1		HIEF MEDICAL I	EXAMINER			DATE SIGN	ED
	SIGNATU	IREAL SW	SVT	7 - M.E	ASSIS	TANT MEDICAL	XAMINER	K			
	EXAMIN	1/1/00	U. St	itz, M.D.		CIATE MEDICAL I	EXAMINER		12,	/16/68	
_	NAME (T	ype)	J. J.	V							
24. RF	MOVAL (Specil	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(State	)
E	ntombmer	nt 12/19	168	Lorraine Far	rk Mauso	leim I	inodl e	um Many	-Tend		
		BY HEALTH DEPT.		IAME OF REGISTRAR	25C. F	UNERAL DIRECT	OR	wn, Mary	DDRESS		
			4	4 8 8 0	2 0	180,000	TH	000 0		A	07.000
-	90	70 10 1004	00	40 Inf	4	1 willy	1-/1	L 251 Pa	tapsco	Ave.	27.55
VC	151-REV. 1/1/68	-CIA LAGA	JLAKNEL	D. C. J. CLUMBER ST. LINE							1



5-530

		BALTIMORE CITY HE					00 1000
N	MEDICAL E	XAMINER'S	CERTIFIC	ATE OF	DEATH	REG. NO	68-1270
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	pr wat di		2. DATE OF	Known 🔀	Month	Doy	Yeor . Hour
CARRIE		SNEED	DEATH	Estimoted		er 17,	1968 3:30 A
4. PLACE IN BALTIMORE, MARYLA			3. DATE	NCED DEAD	Month	Doy	Yeor Hour
FULL NAME OF (IF NOT IN H HOSPITAL ADDRESS OR	DSPITAL OR INSTITUT LOCATION)	ION, GIVE STREET	PRONOU	ACED DEAD	December	17, 1	968 3:30 A
OR INSTITUTION				IDENCE (Where			esidence before odmission)
2903 Springhil	1 Azzonijo		A. STATE Mary	and	В. С	COUNTY	
2903 Springhil		NEVER MARRIED	IC. CITY OR T		ID.	INSIDE CITY	LIMITS?
6 1			D - 1			1	
female negro	WIDOWED		Balt:			YES	NO L
DATE OF BIRTH 10. A		nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET A				
Jan. 6,1916	52		2903	Springhi	ill Avenu	ie	
BIRTHPLACE (State or foreign cour		CITIZEN OF	13. FATHER'S	NAME			
Worth Carolina		WHAT COUNTRY?	Meio	r Jacks	non		
4A.USUAL OCCUPATION (Give kind of	fwork 14B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	ME		
one during most of working life, even if re	tired)			Elliso			
6. WAS DECEASED EVER IN U.S. A	RMED FORCES?	17. SOCIAL	18. INFORM		J11	ADD	DRESS
es, no or unknown) (If yes, give wor or	dotes of service)	SECURITY NO.	36	1 1 . 2 . 2	T = 1	. 0007	7 Constantit
lio .		CAUSE OF DEA		stelle	Jonnson	n 2903	Springhill APPROXIMATE INTERVA
heort foilure, osthenio, etc. It me injury or complication which couse ANTECEDENT CAUSE DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (VUNDERLYING CONDITION 1	ed deoth.)  ES  F ANY, GIVING A) STATING THE	(B) DUE TO, OR	AS A CONSEQ	JENCE OF:			
TO THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVE	ED TO THE TERMINA	Diabet	es Mell:	itus	40 000 0 = 0 0 = = = + + + + + + + + + +		
20A. DATE OF OPERATION 20B		WHICH OPERATION W	AS PERFORME	D			21. AUTOPSY? (Yes or No
30							No
22A. EXTERNAL CAUSE WAS	122B	PLACE OF INJURY(e.g.,	in or about 22	C WHERE DID	(If in Rollimore C	ity give exact	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hom	e, farm, foctory, street, offic	ce bldg., etc.) IN	JURY OCCUR?	(II III DOILIIIOTE C	ny, give exoci	roconony
22D. TIME (Month) (Doy) OF INJURY	(Yeor) (Hour)	22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCUR?		
(APPROX.)			WHILE WORK				
23.	m.[	WORK LJ AIV	YORK LI				
I certify that I held o	n Inquiry	Inspection X Au	topsy 🗌	ond that on t	this basis, de	oth in my o	pinion
resulted from: Noturo				nicide 🗌	Undetermined	manner	
///	11	)		HIEF MEDICAL		]	
ACTUAL MILL	1/2/2	W/ -			F	1	DATE SIGNED
SIGNATURE	101/	M.E	).	TANT MEDICAL			10/17/6
EXAMINER' Wer	ner U. Spi	tz, M.D.	ASSO	CIATE MEDICAL	EXAMINER		12/17/6
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 2	4C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, town,	or county) (State)

VS 151-REV. 1/1/6B

Burial 12/21/68
25A. DATE REC'D BY HEALTH DEPT. 25B.

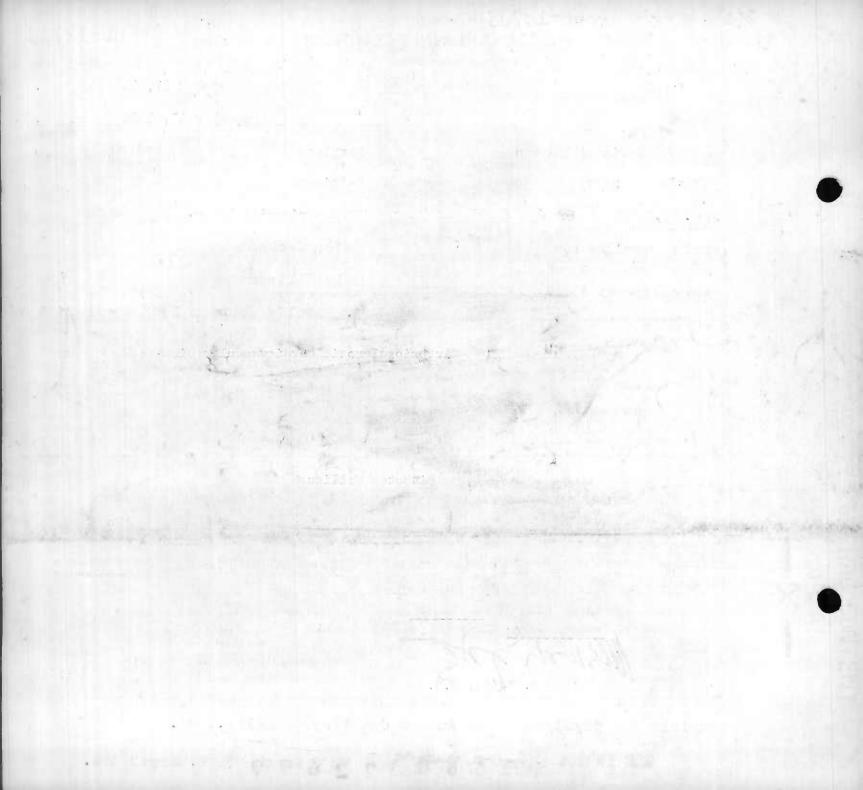
25B. NAME OF REGISTRAR

Mt Auburn Cemetery Balto., Md.

OF REGISTRAR | 25C. FUNERAL DIRECTOR

ADDRESS

@ March 928 E. North Ave.



VS 150-REV. 1/1/68

The state of the s

أنت رسمة العدر

LANS CO.

10/10/ HILD

In his All

13 82 W medicale mo THE COURSE OF THE WAY STATE OF THE STATE OF Made and supplied the state of the

CONSTRUCT TELE TRIBAL TING SWITT TO HARRYSO MARYCHARD 188 25 736 TOLKEZ K FISCHERE LAHARELA RELEGIO

Date 12 Jacobson 2 1 190

CZAR I COPEZ NO CHURCH HOME AND HOME



FUNERAL DIR	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	P
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was clows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such existent and must be obtained before the remains are embalmed or final disposition is made.	dical examiner or ins; (3) A fracture dician who pronouses in regular afternis are embalmed	or his assistant if death occurred in a hospital Also, if the direct or contributing cause of de of any kind; (4) Undetermined cause; (5) Dece ounced death was in regular attendance on the deceased prior to death.	and Such C

68-12708 CERTIFICATE OF DEATH

REG. NO. 68-12708

BIRTH NO.	OI DEATH
T. NAME OF DECEASED (Type or Print) Porter Charles A	2. Date and hour of death 12.14.68 10 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mayland Ballinore 21230  CITY OR TOWN 2 C. D. INSIDE CITY LIMITS?
	STREET AND NUMBER
100.N. Calhounst Ballimore 2/22	3 230 & Churchill 87
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. C	DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
M WIDOWED DIVORCED	6.6.96 72
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, done during most of working life, even it splited)	
Retried Painter	Maryland u.s.A.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Joseph Porter	Jennie Burns.
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	INFORMANT ADDRESS St.
noue 218098260	Mrs. Margaret Porter 230 Churchill
18. CAUSE OF DEATH	Lower lake from primer approximate interval
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ten
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CO	DISCOURNCE OF
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	2 A
ANTECEDENT CAUSES Por Fa	I cun have
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A C	ONSEQUENCE OF:
rise Ia Ihe abave cause (A) staling Ihe UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	artry dis, = old MI
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office	obout 21 C. WHERE DID (If in Boltimore City, give exect location) bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Not While Work  At Work	
22. I certify that (1) (this haspital) attended the deceased fram	12.6.6819 to 12.14 1968.
that (I) (we) last saw the deceased alive an 12-14-8	19 and that in (my) (aur) aplnian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did not) view	
23A. SIGNATURE  Attendin  DEGREE  Phys.	19 Med. Staff Phys. 238. DATE SIGNED 13.14.66
	Franklin Sq. 1+08prtal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMA	ATORY 24D. LOCATION (City, town, or county) (State)
	Cem. Baltimore. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
TO 1900 APPEND STATISFIELD	204N D. DENNY, INC. 715 Light St.

VS 150-REV. 1/1/6B

Mayland balling a way Franklin Square Hospitale Battemore 34 6 6 96 72 Maryland ask Returest Jennie Burnes Joseph Perter MONT 818 008364 18.6 G 26 W EI FURNILLIAM Sy HOSPITCH

M-537

## 68-12709 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

68-	The same	2	7	0	9	
~ ~	addin.	re		1	U	

BIRTH NO		WED	ICAL	EXA	WINER 2	LEKIIFI	CATE OF	DEATH	REG. NO			
I. NAME OF DEC	CEASED			_		12. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print)		US MAN	DIS			OF	Estimated	Decembe		1968		
4. PLACE IN BAL				ONOUN	ICED DEAD	3. DATE	2011110100	Month	Day	Yeor	Haur	М.
FULL NAME OF HOSPITAL	(IF NOT		L OR INST		GIVE STREET		UNCED DEAD	Decembe	r 13,	1968	6:58	IVI.
OR INSTITUTION BE	altimor	e City	Hosp	ital	(DOA)	I A STATE	esidence (Where Maryland		# institution:	: residence b	efare admiss	ion)
6. SEX	7. RACE		8. MARR	IED N	IEVER MARRIED	C. CITY OF	TOWN	10.	INSIDE CU	Y-LIMIT\$?	/	
Male	Whit		WIDOW	/ED 🗌	DIVORCED		Baltimore	X	YE	s E	NO 🗆	
9. DATE OF BIRT	199	10. AGE (In lost birthdo 69	v)		1 Yr. If Under 24 Hrs. Doys , Hours , Min.		AND NUMBER	dham Stre	et			
11. BIRTHPLACE (	tote ar foreig	n country)		12. CITIZ	EN OF	13. FATHER	'S NAME					
Grec	10			WHA	T COUNTRY?	60	coree					
		kind of wark	14B. KIND	OF BUS	INESS OR INDUSTR		R'S MAIDEN NA	ME				
dane during mast of				3	urant	11	- 1					
16. WAS DECEAS					SOCIAL	18. INFOR	elen		AF	DRESS		
(Yes, no or unknown					SECURITY NO.	Geo		edis	AU	UKESS		
No				2	15-32-989:	715	Market :	St. Yor	Kvil	1e. 0	hio	
19.412	2,21	/			CAUSE OF DEA			,			PROXIMATE INT	
DISEAS	E OR CONDI	ITION DIRE	CTLY		Hyperten	sive an	d arterios					
	LEADING TO	DEATH			(A)IMMEDIATE	CAUSE	cardiova	ascular d	iseas	e		
(This does n	not meon the	made of dy	ing, e.g.,			AS A CONSEC	QUENCE OF:					
	nplication whic											
DISEASES OF RISE TO THE UNDERLYIN	NTECEDENT ( OR CONDITION E ABOVE CAU NG CONDITION	JNS, IF ANY	, GIVING TING THE		(B)	AS A CONSE	QUENCE OF:					
20 11110					(C)			**************				
O THE DE	VIFICANT CON ATH 8UT NOT CONDITION	RELATED TO	THE TERM	INAL								
20A. DATE OF				Automotive and the	ICH OPERATION W	AS PERFORI	AFD			21. AUTO	PSY? (Yes ar	No)
82			10111011	I OK WIII	TON OF EMPIRE	AS TERTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A010		,
₹ 22A. FXTER	NIAL CALISE	NA/A.C		22P DI A	CE OF INITIDATE	to as about	22C WHERE DID	/// :- P-1: C:	At	-4  4:	Yes	
UNDERLYING UTING CA		TRIB-		home, for	CE OF INJURY(e.g. m, foctory, street, offi	ce bldg., etc.)	NJURY OCCUR?	(if in Boltimore Ci	ry, give exac	cr racation)		
	(Month) (D	oy) (Yeo	) (Hour	) 22E.1	NJURY OCCURRED		22F. HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.)				m. WHIL		WHILE						
23.				7	J.C.William		Labora A	Lin Kasta da	al. to		-	
	tify that I he		nquiry L			utopsy X		his bosis, dec		_		
resul	ted from: N	oturol cou	ses X	Acq	dent Suici	de ∐ H	omicide 🔲	Undetermined	monner L			
ACTUAL	101	1	1		1 1		CHIEF MEDICAL	EXAMINER			DATE SIGN	IED
SIGNAT		my	) U	. 0	1 John	D. ASS	ISTANT MEDICAL	EXAMINER X				
EXAMIN NAME (		arles	S. Sp	ring	ate, M.D.	ASS	OCIATE MEDICAL I	EXAMINER .	Dec	ember	14, 19	68
24A. BURIAL CRE		4B. DATE		24C. N	IAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town	, or county	(State	e)
Buria		12/16	168	Gr	eck Ort	hodox	Cometery	Balti		/		1-
25A. DATE REC'D	BY HEALTH [	DEPT.	258. N	AME OF	REGISTRAR	25C.	FUNERAL DIRECT	OR Matt	-hews	DDRESS		
	DEC 1	9 196	o PS	0.5	28 F3 Can	142 NIG	PORAS	Frn A	ve.	Balt	more	Ma
VS 151-REV. 1/1/6	В								,		1	

P-262

VS 151-REV. 1/1/68

68-1271 BALTIMORE CITY HEALTH DEPARTMENT

00	4	0	my	2	0
68		6	1		U

BIRTH NO.	MEI	DICAL EX	AMINER 5	LEKTIFICATE OF	DEATH REG. NO	)
1. NAME OF DE	CEASED			2. DATE Known K	Month Doy	Yeor Hour
(Type or Print)	AGORAS	TOS E. PS		OF DEATH Estimoted	December 14,	1968 м.
4. PLACE IN BA	LTIMORE, MARYLAND,			3. DATE	Month Doy	Yeor Hour
HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION ATION)	N, GIVE STREET	PRONOUNCED DEAD  5. USUAL RESIDENCE (Wher	December 14,	14(
Churc	h Home & Hos	pital	(DOA)	A. STATE Maryland	B. COUNTY	7-63
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE	CUY LIMITS?
Male	White	WIDOWED [	DIVORCED	Baltimore		YES NO
9. DATE OF BIR	lost birthd	oy) Months	er 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET AND NUMBER		
11 BIDTADI ACE	State or foreign country)		IZEN OF	13. FATHER'S NAME	Broadway	
A A	Stole of foreign country)		HAT COUNTRY?	1		
Mar	yland	(	1,5,A.	Evangelos		
done during most of	PATION (Give kind of wor working life, even if retired	) OF BL	ISINESS OR INDUSTRY	1 - 1 -	WE	
Pack	cr		ery	Scrasti		
16. WAS DECEA! (Yes, no or unknow)	SED EVER IN U.S. ARMI		7. SOCIAL SECURITY NO.	Evangelos Ps	FIFOURIS	ADDRESS
Yes	Presently in		113-52-1905	717 5. Brod	MAN. BAIT	Emore Md.
19.	LIV		CAUSE OF DEA	тн	37	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DICEA	SE OR CONDITION DIR	ECTIV				
DISEA	LEADING TO DEATH	LOILI	(A)IMMEDIATE	AUSE Stabwound o	f chest	
heort foilur	not meon the mode of c e, osthenio, etc. It meons t implication which coused d	ne diseose,	DUE TO, OR	AS A CONSEQUENCE OF:		
	NTECEDENT CAUSES		(8)			
DISEASES RISE TO TH	OR CONDITIONS, IF AT	NY, GIVING ATING THE	DUE TO, OR	AS A CONSEQUENCE OF:		
UNDERLY	NG CONDITION LAST.		(c)			
0 200	2 V II					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING				
DISEASE O	ATH BUT NOT RELATED T R CONDITION GIVEN IN			***		
OTHER SIG TO THE DE DISEASE OF	F OPERATION 208. CO	ONDITION FOR W	HICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
0 1	1 274 5					Yes
Z 22A. EXTE	RNAL CAUSE WAS	22B. PL	ACE OF INJURY(e.g.,	in or obout 22C. WHERE DID	(If in Boltimore City, give e	
	G XOR CONTRIB-	home,	sidewalk	e bldg., etc.) INJURY OCCUR?	of 607 Broad	~ ~
∑ 22D. TIME	(Month) (Doy) (Ye	or) (Hour) 22E	INJURY OCCURRED	22F. HOW DID IN		way
OF INJURY (APPROX.)	12.1/. 60 2	WIL	HEAT - NOT	WHILE X Stabbed	h1	
23.	12-14-68 3	:10 A.m. wo	ORK L AT W	ORK X Stabbed	by unknown as	saliant
	tify that I held on	Inquiry	Inspection Au	topsy ond that on t	this basis, death in m	y opinion
	Ited from: Notural co		cident Suicio		Undetermined monner	
resu	Tied from: Nototol Co	O AC	zideiii 🗀 - Joicid	CHIEF MEDICAL		
ACTUA	1 (V ).	): 1	7	ASSISTANT MEDICAL		DATE SIGNED
SIGNA		7	M.D			
NAME	(Type)		gate, M.D.	ASSOCIATE MEDICAL	Dec	ember 14, 1968
24A. BURIAL CRI REMOVAL (Spe	ify)	-10 /	NAME of CEMETERY		Baitimore	wn, or county) (State)
Buri				odox Cemetery		, TO.
25 A. DATE REC'I	BY HEALTH DEPT.	A 27% A	F REGISTRAR	25C. FUNERAL DIRECT	I My ++4	ADDRESS
	<b>DEC 19196</b>	8 Robert	783 Fallein	2 Mycholas	tom And	Baltimore, Ad.
10 151 551/ 1/1/	0 1 / 1 4	202				, , , , , , , , , , , , , , , , , , , ,

The second of th A service and the service of the ser Maryland Police - Parker - Par the Court of the C 

68-12711 BALTIMORE CITY HEALTH DEPARTMENT

DIDTH NO	MEI	DICAL	EXAMINER'S	CERTIFI	CATE C	OF DEAT	TH REG. NO.	68-1	2711
I. NAME OF DE	CEASED			2. DATE	Known	Month	Doy	Yeor	Hour
(Type or Print)	ROSE W	EITZEL		OF DEATH	Estimoted	D	mber 14,		м.
	LTIMORE, MARYLAND,			3. DATE	IINICED DEAD	Month	Doy		Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET		ESIDENCE (W		ber 14,		11:45 P.
	ion Memorial	Hospit	al (DOA)	A. STATE	Maryland		B. COUNTY	. Tesidelice bei	iore odinission,
6. SEX	7. RAĆE	B. MARRIE	D NEVER MARRIED	C. CITY OR		1	D. INSIDE CI	TYA IMITS?	
Female	White	WIDOWE	DIVORCED .		Baltimor	e /	YE	N E	o 🗆
9. DATE OF BIR	TH 10.AGE (lost birthd	ay) N	f Under 1 Yr. If Under 24 Hrs. Ionths   Doys   Hours   Min.		and number 822 West		treet		
11. BIRTHPLACE	(State or foreign country)		2. CITIZEN OF	13. FATHER		. JEHO D			
	YD .	II de marie	WHAT COUNTRY?	1	Pobers	t C	Mars	sh	
done during most of	UPATION (Give kind of work working life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME	2		
	maken		Home	1B. INFOR	tnuc			DDRESS	
(Yes, no or unknow	SED EVER IN U.S. ARME n) (If yes, give wor or dote:	of service)	17. SOCIAL SECURITY NO.	Jose		er Trel	- SA		# 5
19. //	0 9.		CAUSE OF DEA	TH	, ,	7,0-4	9 //-	APPR	OXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	CTIV	Hyperter	sive c	ardiovas	cular d	isease	PELWEE	N ONSEI AND DEATH
DISEA	LEADING TO DEATH	CILI	(A)IMMEDIATE			oulul a	20000		
	not meon the mode of de, osthenio, etc. It meons th			AS A CONSEC	UENCE OF:				
	mplication which coused de								
DISEASES RISE TO TH	ANTECEDENT CAUSES  OR CONDITIONS, IF AN HE ABOVE CAUSE (A) ST, ING CONDITION LAST.	IY, GIVING ATING THE		AS A CONSE	QUENCE OF:	·····································	·		
20	•		(C)						
O TO THE DE	NIFICANT CONDITIONS C	THE TERMIN							
20A. DATE C	OF OPERATION 20B. CO		OR WHICH OPERATION W	AS PERFORA	AED			21. AUTOPS	SY? (Yes or No)
8									
Z2A. EXTE	RNAL CAUSE WAS	22	2B.PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or obout	22C. WHERE D	ID (If in Boltim	ore City, give exa	ct location)	,
	G∏OR CONTRIB- AUSE OF DEATH.	h	ome, form, foctory, street, offi	e bldg., etc.) I	NJURY OCCU	R?			
	(Month) (Doy) (Yes	or) (Hour)	22E.INJURY OCCURRED	WHILE C	22F. HOW DID	INJURY OCC	CUR?		
(APPROX.)		n		VORK					
23.	rtify that I held an	Inquiry [	Inspection X Au	ıtonsy 🗍	and that a	n this basis	, death in my	aninian	
			Ascident Suici					•	
resu	red from: Natural ca	O C	Accident 1 301c1		CHIEF MEDIC				
ACTUA		11.	5-1		ISTANT MEDIC		=	D	DATE SIGNED
SIGNA			M.I	J.	OCIATE MEDIC			, .	F 1060
NAME	(Type)	s s. sp	ringate, M.D.				Dec		5, 1968
24A. BURIAL CRI REMOVAL (Spe			24C. NAME of CEMETERY	ar CREMATO	ORY 2	4D. LOCATIO	N (City, town	n, or county)	(Stote)
BURIA		-48	Woodlaw	7		W000	Chaws.	M	d.
25A. DATE REC'I	D BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIR			DDRESS	Paul St.
	DEC 19 1968	Rolle	16 2 8 Forthern	12 10	1 900P	Shocks =	Inc &	ALTIMOR	re Mol.
VS 151-REV. 1/1/6	6B							21	202

21202

S KIRL 3-11 Robert C March "Assured" Johns Westell - East -Cherlen S. Brrimpe, J.H. Developer may 12-19-6 Woodless

MARINE LCALGOND'S CALCULA SALVE

B-200 B-620

68-12712BALTIMORE CITY HEALTH DEPARTMENT

EDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH PEG NO	68-127
				KEG, INO.	A

RII	RTH NO.		MED	ICAL	EXA	MINER'S	S CE	RTIFI	CATE	OF	DEA.	TH REC	3. NO.∟	68-	127:	12		
-	NAME OF DECE	ASED					Пэ	DATE	Knawn	7	Month	D		Yeor	Tarana -			
(Type or Print)  EDWARD  F. BUKOWSKI (Brook									Estimated			mber		1968	Hour 6:2	26 A.M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD											Month	Do		Year	Haur			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)								PRONOUNCED DEAD December 16, 1968 6:45 A. M.										
								S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  Maryland  Baltimore										
Baltimore City Hospital  6. SEX 7. RACE B. MARRIED TENEVER MARRIED								C. CITY OR TOWN D. INSIDE CITY LI							)Ie	2		
male white WIDOWED DIVORCED								Essex 21221 YES							MOZCON			
_	DATE OF BIRTH		10. AGE (In last birthday			Yr. If Under 24 oys Hours			AND NUMB		0 = .							
_	eb. 5, 19		50						e 1, Bo	x 7.	35 A	Ba	uern	schmi	dt M	anor		
11. BIRTHPLACE (State or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY? USA									's NAME nes Buke	awel	ri .							
144	USUAL OCCUPA			48. KIND			STRY 15											
dane during most of working life, even if retired) Chauffeur City Government								Susan Lazarewicz										
16. (Y-e	WAS DECEASED	EVER IN U	S. ARMED	FORCES	? 17.	SOCIAL SECURITY NO		INFOR.			1 - 2	0-		DRESS				
_	110 4	MMT			2	6 03 36		Shir	ley Bul	COWS	KL	Same		I AD	PROXIMATE	INITEDVAL		
	14/2,4	7 1				CAUSE OF	DEATH									AND DEATH		
	DISEASE OR CONDITION DIRECTLY Arteri								ic Card	iov	ascul	ar Di	iseas	e				
	(A)IMMEDIATE CA DUE TO, OR AS heart failure, astheria, etc. It means the disease,								UENCE OF:						****			
	injury ar camplication which caused death.)																	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR  DUE TO, OR						OR AS	A CONSE	QUENCE OF									
7	UNDERLYING CONDITION LAST																	
CERTIFICATION	1501					(0/												
	OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT R	DITIONS CO	THE TERM				~~~~~~~										
RT	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA							AS PERFORMED 2						21. AUTO	1. AUTOPSY? (Yes or Na)			
ü	7																	
4	22A EVIERAL	22A EVERNAL GALLET MAS								in or about 22C. WHERE DID (If in Baltimore City, give exact to						Yes		
MEDIC/	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY(e.g., i home, farm, factory, street, office								NJURY OCC	UR?	it in Baitim	fore City,	give exac	riocarianj				
Σ	22D. TIME (M		22F. HOW D	ID INJ	URY OC	CUR?												
	OF INJURY (APPROX.)  m. WHILE AT NOT WHILE AT WORK																	
	23.  I certify that I held on Inquiry Inspection Autopsy Ond that an this basis, death in my opinion																	
	resulte	uicide [	] н	omicide 🗌	ŧ	Jndetern	nined mo	nner [										
	line								CHIEF MEDICAL EXAMINER						D 4 =	ONIED		
	ACTUAL SIGNATURE MUNICAL M.D.							ASSISTANT MEDICAL EXAMINER							DATE SIGNED			
	EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.  ASSOCIATE MEDICAL EXAMINER												12/16	6/68				
	A. BURIAL CREMA	ATION, 24	B. DATE		24C. NA	ME of CEMET	ERY or	CREMAT	ORY	24D. I	OCATIO	N (C	ity, tawn,	ar county	(5	itote)		
	MOVAL (Specify Burial		12/19			Lawn Ce	emete		)		ltimo	re C						
25	A. DATE REC'D B	1000	ерт. 1968	2SB. N	AME OF I	REGISTRAR	76	10	UNERAL D	100	1	1150	40	DRESS	e.			
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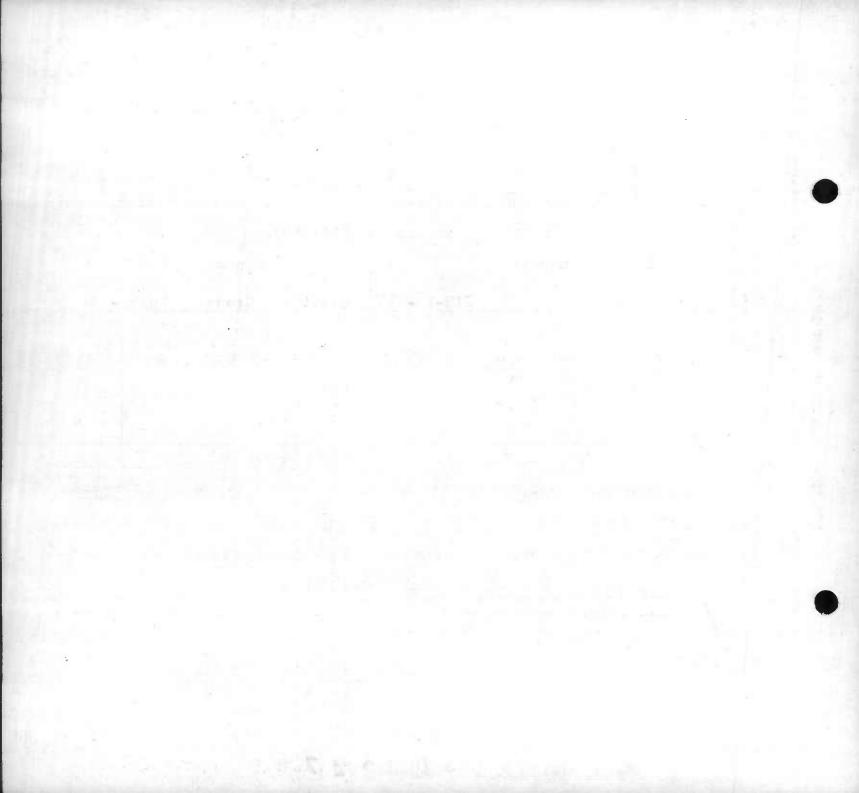
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Onk Lawn Comptents . Helthouse Co., Md.

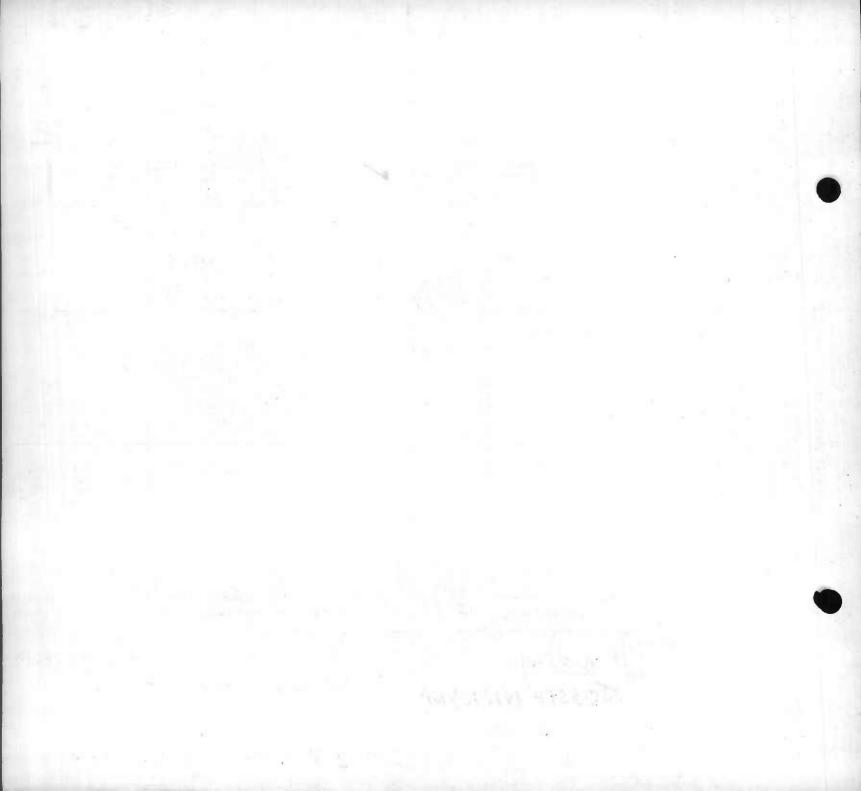
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BALTIMORE CITY HEALTH DEPARTMENT



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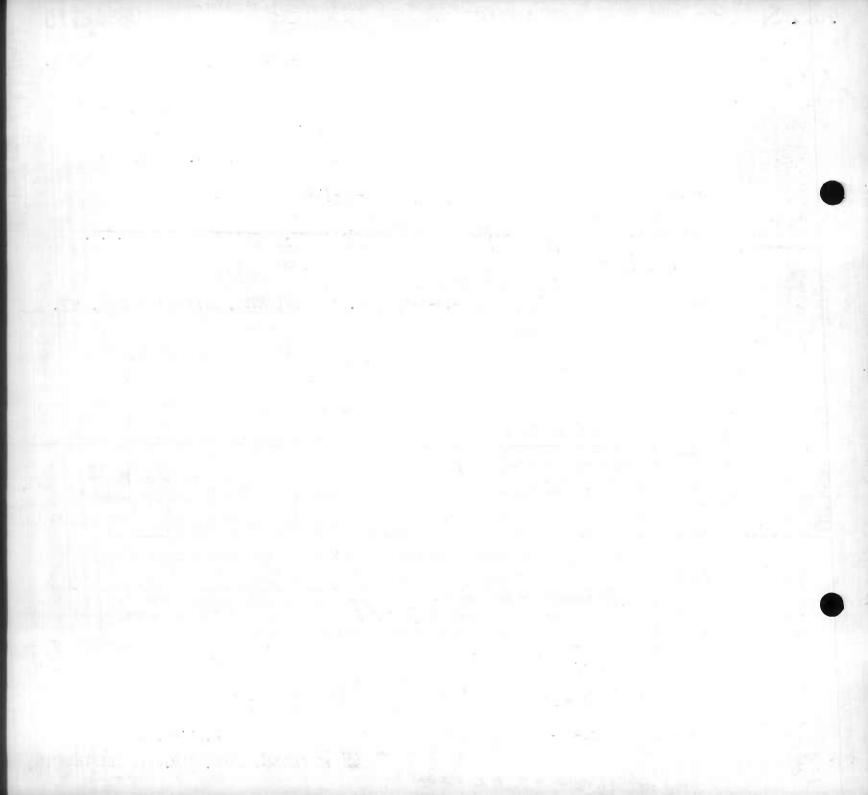


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANI DIRECTOR: FUNERAL approved USUAL RESIDENCE (Where deceased lived. M Institution; residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (lour) opinion death accurred on the date (City, town, or county) ADDRESS LEVINSON & BROS. INC. 6010 REISTERSTOWN

The state of the s A THE REPORT OF THE PERSON. A SERVICE ON THE PARTY OF THE P

VS 150-REV. 1/



IMPORTANT

FUNERAL DIRECTOR:

100	- 3 -	1 (36	3-127	17 BALTIMORE CIT	HEALTH DEPARTMEN		
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	ME OF DEC	EASED	<u> </u>		2. DA	TE AND HOUR OF DEATH	
Туре	or Print)	SOLOHON	CKA	TROFF	T	DEC 16 1	968 1045 A
3. PL	ACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	INCED DEAD		(Where deceased lived, If	institution; residence before admission
		ALE MOT IN HOSPIT		1701 0115 67067	MARYLAND	COOKII	17-19
HOS	L NAME OF	ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TOWN	In The	SIDE CITY LIMITS?
	-	1 HOSP O	- B	1.	BALTIMORE		YES NO
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7	0				3421 GLEN	AVENUE	
. SE	Х	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
1	TALE	CAUC	WIDOWED	= =		lost birthdoy)	Wollins Doy's 11001s Willia
		UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
lone	_	working tife, even if retired)  7 AM	MED	ICINE	CHADIATTE	SVILLE. VIRGIN	IA U.S.A.
3. F	PHYSIC		MEU	ICINE	14. MOTHER'S MAIDE		1M 4.2.M.
24 17					REBECCA	?	
		KATZOFF					
5. W Yes,	os Deceased no or unknown)	(If yes, give war or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	c/a MR	ROBERT KATZOFF
A	VO.				MRS. YETTA I	CATZOFF. 4001	. ROBERT KATZOFF ROSECREST AVENUE
1	8.4. 6	S V I		CAUSE OF DEAT	н	7.00	APPROXIMATE INTERVA
	DISEAS	SE OR CONDITION DI	RECTLY		0		11 - I
		LEADING TO DEATH		(A) IMMEDIATE CA	USE TNEUMO	NIA	4-5 days
		not meon the mode of asthenia, etc. It means			A CONSEQUENCE OF:		
		plication which caused					
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		ANTECEDENT CAUSES		(0)			- 30
				(B)	S A CONSEQUENCE OF:		
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- 1	DISEASES C	ANTECEDENT CAUSES  OR CONDITIONS, if	ony, giving	(B)			
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ATION	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION last.  I   CICANT CONDITIONS CO H BUT NOT RELATED TO T	ony, giving stating the NTRIBUTING HE TERMINAL RT 1 (A).	OASCVD insuffice @ Rent &	with corenary	or No) 208. IF YES, WERE	CHRONI AMERICATED CORSIDERED FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATION	DISEASES COISE TO THE DEAT OF THE DEATH (notify the DE	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION last.  I   CICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION   198. CON WAS PER  NT WAS UNDERLYING   UTING   CAUSE OF	ony, giving stating the STATISHUTING HE TERMINAL RIDITION FOR VICE STATE OF THE STATE OF T	(C)	in or about 21C. WHERE I	or No. 208. IF YES, WERE IN CERTIFYING C.	ANCENTE OF CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last.  CONDITION SCONDITIONS CONDITION GIVEN IN PAR OPERATION 198, CON WAS PER OPERATION 198, CON WAS PER OPERATION (AND CONDITION CAUSE OF MEDICAL examiner)  (Month) (Doy) (Yeor)  that (A) (this hospital last sow the decease of fram the causes stook RE	ony, giving stating the STRIBUTING HE TERMINAL RT 1 (A).  JOHNON FORMED  218. hometc.  (Hour) 21E. Whi World World World Rt 1 (A) (Hour) 21E. White Rt 1 (Hour) 21E. White Rt 2 (Hour) Rt 1 (Hour) Rt	(C)	in or about 21 C. WHERE Is office bldg., thy unit of the control o	or No) 208. IF YES, WERE IN CERTIFYING C.  DID (If in Boltimo	PINDINGS CONSIDERED AUSES OF DEATH?  Dre City, give exoct location)
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last.  II CICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF medical examiner)  (Month) (Doy) (Yeor)  thot (A) (this hospital last sow the decease d fram the couses stori IRE  WAS STUART F	ony, giving stating the NTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR VECTOR (Hour) 21E. Whit Wood of the dolore. White H. SPIEL 24C. N. BET	(C)	in or about 21 C. WHERE Inflice bldg., INJURY OCCIDENT OF THE PROPERTY OF THE	OR OF THE PROPERTY OF THE PROP	pre City, give exoct location)  23B. DATE SIGNED  23B. DATE SIGNED  City, town, or county)  (State

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	RTH NO.	CERTIFICA	TE OF DE				
	pe ar Print)	חו זוו	2.	DATE AND HOUR OF	DEATH	2 0	5
3.	SIDNEY LEE BE PLACE IN BALTIMORE, MARYLAND, WHERE PRO			DECEMBER 16 NCE (Where deceased live B. COUNTY	ved. If institution:	residence before admi	issian)
HC	ILL NAME OF (IF NOT IN HOSPITAL OR IN STITUTION ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLA C. CITY OR TOWN	WD .	D. HNSIDE CITY	LIMITS?	
11	6934 REISTERSTOWN ROAD		BALTIN	MORE	YES X	ON [	
C	O		E. STREET AND N	NUMBER REISTERSTOWN	ROAD		
5. 5	SEX 6. RACE 7. MARR	IED XX NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ors If Unc	der 1 Yr. , If Under 24	
	MALE WHITE WIDOV	VED DIVORCED	11-25-191		Months	s Doys Hours N	Ain.
	LUSUAL OCCUPATION (Give kind of work 10B, KINE to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign country)	12. CI	TIZEN OF WHAT COU	INTRY?
		OF BALTIMORE	BALTIMORE	MARYLAND		U.S.A.	
	JACOB BERLIN		ANNA	?			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor ar dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		2711 KTPK	AVENUE #21	1218
	YES W.W. II ARMY		MRS. LORRA			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	18.4/0,97-25	CAUSE OF DEATH	+ ^	n		BETWEEN ONSET AND	
	DISEASE OR CONDITION DIRECTLY /	(A) IMMEDIATE CAU	UL COTOS	ary ocelur	Men	15 mis	n.
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	e.g., DUF TO, OR AS	A CONSEQUENCE O	€/		1.0	
	ANTECEDENT CAUSES	(e) arl	Sel (	V Clisia	rl	5 hr	1
	DISEASES OR CONDITIONS, if any, gives the the above cause (A) stating UNDERLYING CONDITION last.	9	A CONSEQUENCE	OF:			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		diabeter	Mellitur		yer	
ERTIFIC	19A DATE OF OPERATION 19R CONDITION E	OR WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B, IF YES, IN CERTIFY	WERE FINDING	S CONSIDERED DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, factary, street, of etc.)			Boltimore City, g	ive exact location)	
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED		V DID INJURY OCCUR?			
	(APPROX.)	While At Wark	· 🗌	1		1.,	
	22. I certify that (1) (this hospital) attended	ed the deceased fram	, 1/	6 1965 to		12/16 196	8
	that (I) (we) last saw the deceased alive	/ '	6 19 68	and that in (my) (	our) opinion de	ath occurred on the	e date
	and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) v	riew the bady afte	er death.			
	23A. SIGNATURE  MONANCE  FILMIN	an Atte	ending Med s. Dire		23 B. D.	ATE SIGNED	
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	cior 🗀 🛮 Filys. 🗀		110/60	
	MAURICE FELD	MAN, JR.	6610	CROSS COUNTR	y BLVD.		
24/	A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	EMATORY	24D. LOCATION	(City, town,	or county) (St	tote)
	BURIAL 12-17-68 E	BALTIMORE NATION	AL	BALTIMORE	, MARYLA	ND	
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NAV	AE OF REGISTRAR	25C FUNERAL	NSON BROS.	6010 DET	STERSTOWN D	OAD
	DEC 191968 R.C.	D. C. MINNEYTH	DOE LEVII	NOUN & DRUS.,	DUTU KLI	SICIOIOWIY N	

VS 150-REV. 1/1/6B

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WATE A TIME . HERE THE .

written approval must be obtained before the remains are embalmed or final disposition is made.

and (6) No physician was in regular

was D.O.A. at a hospital (deceased prior to death);

This certificate must be

Such

death.

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prior

deceased

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attendance on

of death

a hospital and

		DALTH LODE CITY	HEALTH DEDARTMENT		
1.	-250 68-15	2719 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	68-12719
BIR	TH NO.	2719 CERTIFICA	TE OF DEATH	KEG. 140.	00 11-11-0
, N	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
1 y F	FANNIE R. WEI	ISMAN	DECEM	IBFR 15 1968	9:50 P. M.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If instituti	9:50 P. M. on: residence before odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	Ø. INSIDE C	ITY (IMITS?
	TEWISH CONVELESANT HOME		BALTIMORE E. STREET AND NUMBER	YES	NO 🗌
6	1601 PALL MALL ROAD		3501 DEVONS	SHIRE DRIVE	
. 5	EX 6. RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If I last birthday)	Under 1 Yr. If Under 24 Hrs.
7	FEMALE WHITE WIDOW	VED DIVORCED	5-14-1903	65	
	USUAL OCCUPATION (Give kind of wark 10B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HOME	PHILADELPHIA,	PENNSYLVANIA	U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	NATHAN LEVY		KATIE BLAN	!K	
	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	NO	MR. BENJAMIN W	EISMAN. 3501 DE	EVONSHIRE DR. #15
	18. 4 / 6 / 6 / 6 / 6	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			10 1	A L
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE acut M	yound info	I Suddom.
	(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS a	A CONSEQUENCE OF:		
	injury or complication which caused death.)  ANTECEDENT CAUSES	5 6 4 1/ 0	E atrial F.	bellete	1/2 yrs.
		(9)	A CONSEQUENCE OF:	1	
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	3	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)		••••••••••••••••••••••••••••••••••••••	
_	42011 11	4 4	1 / 1	*	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).		olym due t	CVA Dealits	6 mr.
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, farm, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City	, give exoct locotion)
EDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ξ	(APPROX.)	While At Not While Work At Work			
	22. I certify that (I) (this haspital) attende	ed the deceased from	21.11	1965 to Dec.	15 1960
	that (I) (we) last saw the deceased olive	on Der 15	19 67 ond t	hot in(my) (our) apinian	death accurred on the date
	ond hour and fram the causes stoted obave	e. (1) (We) (did) (did not) v	iew the body after death.	•	
	23A. SIGNATURE / / S			23 B.	DATE SIGNED
	1 1 Min	Atte	nding Med. Director	Staff Phys. D	ec. 16, 1968
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		

PARK HEIGHTS SILVER 62 6210 AVENUE A. GEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (Stote) 24C. NAME of CEMETERY or CREMATORY (City, town, or county) PETACH TIKU BURIAL 12-17-68 ROSEDALE, MARYLAND

25G-FUNERAL DIRECTOR

BROS., 6010 REISTERSTOWN ROAD TIKVAH 25A. DATE REC'D BY HEALTH DEPT. 1968 VS 150-REV. 1/1/6B

and myself of so the ASSERT ORMANDE THE My Royley Lant con nich " " " 1136 -- 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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BIRTH NO.	EASED				2. DATE	Known 🗍	Manth	Day	Yeor	Hour
(Type or Print) GEORGE			LUDWIG		OF DEATH	Estimated X	Decem		, 1968	
4. PLACE IN BAL				UNCED DEAD	3. DATE		Manth	Day	Yeo	r Haur
FULL NAME OF HOSPITAL	(IF NOT ADDRES	IN HOSPITAL O	OR INSTITUTIOI ON)	N, GIVE STREET	PRONOL	JNCED DEAD	Decem	ber 15	, 1968	11:
OR INSTITUTION					5. USUAL RESIDENCE (Where deceased lived, if institution: residence before A. SIATE B. COUNTY Maryland					ce before od
	9 Cotta	-						1	for me	1
6. SEX	7. RACE			NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	5?/
male	whi		VIDOWED X		11 -	imore		1 -	YES X	NO 🗌
9. DATE OF BIRT		10.AGE (In ye last birthday)		der 1 Yr. If Under 24 Hrs. s Days Haurs Min.		ND NUMBER				
APRIL 3,		6:	_			Cottage	Avenue			
11. BIRTHPLACE (				TIZEN OF HAT COUNTRY?	13. FATHER'					
BALTIMO	RE, MARY	Y LAND	HAT COUNTRY?		I LUDWIG					
dane during mast of	vorking life, eve	n if retired)	USINESS OR INDUSTR							
	EMPLOYE			SERVICE		RET ZELE	NDA			
16. WAS DECEAS	ED EVER IN U	J.S. ARMED Fo ar or dotes af s	ORCES?	17. SOCIAL SECURITY NO.	18. INFORM	MANT			ADDRESS	
NO				219-03-56624	AMRS. FI	RANCESWEI	NTRAUB	3502	FOXCLI	
19. 4	2 / 1			CAUSE OF DEA	TH	,			81	APPROXIMAT
DISEAS	F OR COMPI	7' × 7								
	E OK CONDI	TION DIRECTL	Antonio	0010000	in Condia	1	or Die	0000		
	LEADING TO	DEATH		Arterio		ic Cardio	vascul	ar Dis	sease	
(This does r	LEADING TO not mean the re- t, asthenia, etc.	DEATH mode of dying It means the di	, e.g., seose,	(A)IMMEDIATE			vascul	ar Dis	sease	•••••
(This does r	LEADING TO	DEATH mode of dying It means the di	, e.g., seose,	(A)IMMEDIATE	CAUSE		vascul 	ar Dis	sease	*****************
(This does r heart failure injury ar car	LEADING TO not mean the re- t, asthenia, etc.	DEATH mode of dying It meons the di- h caused death.	, e.g., seose,	(A)IMMEDIATE ( DUE TO, OR	CAUSE		vascul 	ar Dis	sease	
(This does re heart failure injury ar care	LEADING TO not mean the man, asthenia, etc. application which NTECEDENT COR CONDITIO	DEATH mode of dying It means the dish caused death.  CAUSES ONS, IF ANY, G	, e.g., seose, )	(A) IMMEDIATE (DUE TO, OR	CAUSE	UENCE OF:	ovascul	ar Dis	sease	
(This does reported to the control of the control o	LEADING TO not meon the re- c, asthenia, etc. nplication which	DEATH mode of dying It meons the di- h caused death.  CAUSES ONS, IF ANY, G ISE (A) STATIN	, e.g., seose, )	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR	CAUSE AS A CONSEQ	UENCE OF:	ovascul	ar Dis	sease	
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(This does repeated to the control of the control o	LEADING TO not mean the m n, asthenia, etc. mplication which  NTECEDENT COR CONDITIO E ABOVE CAU NG CONDITIO	DEATH mode of dying If meons the dis in caused death.  CAUSES DNS, IF ANY, G ISE (A) STATIN ON LAST.  III DITIONS CON	, e.g., seose, ) SIVING G THE	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR	CAUSE AS A CONSEQ	UENCE OF:	ovascul	ar Dis	sease	
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(This does repeated to the control of the control o	LEADING TO not meon the man, asthenia, etc. mplication which NTECEDENT COR CONDITIO E ABOVE CAU NG CONDITIO  NIFICANT CON ATH BUT NOT I	DEATH mode of dying It meons the dil th caused death.  CAUSES DNS, IF ANY, G ISE (A) STATIN DN LAST.  II DITIONS CON RELATED TO TH GIVEN IN PART	, e.g., seose, ) SIVING G THE  ITRIBUTING E TERMINAL 1 (A).	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR (C)	AS A CONSEQ	UENCE OF:	ovascul	ar Dis		
(This does repeated to the control of the control o	LEADING TO not meon the man, asthenia, etc. mplication which NTECEDENT COR CONDITIO E ABOVE CAU NG CONDITIO  NIFICANT CON ATH BUT NOT I	DEATH mode of dying it meons the dis h caused death.  CAUSES DNS, IF ANY, G SISE (A) STATIN ON LAST.  DITIONS CON RELATED TO TH GIVEN IN PART	ITRIBUTING E TERMINAL 1 (A).	(A) IMMEDIATE (DUE TO, OR DUE TO, OR CO)  (B) DUE TO, OR CO)  (C) VHICH OPERATION W.  ACE OF INJURY(e.g.,	AS A CONSEC	UENCE OF: QUENCE OF:			21. AU	No
(This does repeated to the control of the Description of the Descripti	LEADING TO  not meen the man, asthenia, etc. mplication which  NTECEDENT COR CONDITIO  E ABOVE CAU  NG CONDITIO  ATH BUT NOT IN  CONDITION  F OPERATION  NAL CAUSE VE	DEATH mode of dying It meons the dil- th caused death.  CAUSES DNS, IF ANY, G ISE (A) STATIN DN LAST.  II DITIONS CON RELATED TO TH GIVEN IN PART I 208. COND  WAS RIB-	ITRIBUTING E TERMINAL 1 (A).	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR (C)	AS A CONSEC	UENCE OF: QUENCE OF:			21. AU	No
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CERTIFICATION  (This does refear failure injury or care injury or	LEADING TO not mean the man, asthenia, etc.  NTECEDENT COR CONDITIO BE ABOVE CAU NG CONDITIO ATH BUT NOT I R CONDITION F OPERATION  NAL CAUSE V G OR CONT	DEATH mode of dying It meons the dil th caused death.  CAUSES DNS, IF ANY, G ISE (A) STATIN DN LAST.  II DITIONS CON RELATED TO TH GIVEN IN PART I 208. COND  WAS RIB- IH.	ITRIBUTING E TERMINAL 1 (A).  ITION FOR W    228. PL	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR OR DUE TO, OR (C)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	UENCE OF:  QUENCE OF:  ED  2C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, give	21. AU	No
(This does refeared failure injury or continuity or contin	LEADING TO  not meen the man, esthenia, etc. mplication which  NTECEDENT CO  OR CONDITIO  E ABOVE CAU  NG CONDITIO  ATH BUT NOT IN  CONDITION  F OPERATION  NAL CAUSE WE  G OR CONT  USE OF DEAT	DEATH mode of dying It meons the dil th caused death.  CAUSES DNS, IF ANY, G ISE (A) STATIN DN LAST.  II DITIONS CON RELATED TO TH GIVEN IN PART I 208. COND  WAS RIB- IH.	ITRIBUTING E TERMINAL 1 (A).  ITION FOR W    228. PL	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR OR DUE TO, OR (C)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	UENCE OF:  QUENCE OF:  ED  2C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, give	21. AU	No
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(This does repeated to the control of the Design of the De	LEADING TO  not mean the many action, asthenia, etc., asthenia	DEATH mode of dying it means the dis it caused death.  CAUSES DNS, IF ANY, G SISE (A) STATIN ON LAST.  DITIONS CON RELATED TO TH GIVEN IN PART  208. COND  WAS RIB- IH. Dy) (Year)	ITRIBUTING G THE  ITRIBUTING E TERMINAL 1 (A).  ITION FOR W    228. PL     home,     WH   m.   WC	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR OR DUE TO, OR (C)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	UENCE OF:  QUENCE OF:  2C. WHERE DID NJURY OCCUR?  2F. HOW DID IN  and that an temicide  CHIEF MEDICAL	(If in Baltima IJURY OCC this basis, Undeterm EXAMINER EXAMINER	UR?	21. AU exoct lacotia	No DATE S
(This does repeated to the control of the Design of the De	LEADING TO  not mean the man, asthenia, etc.  nplication which  NTECEDENT COR CONDITIO  E ABOVE CAU  NG CONDITIO  ATH BUT NOTI  R CONDITION  TO PERATION  NAL CAUSE V  G OR CONT  USE OF DEAT  (Manth) (Do  tify that I he  ted fram: No  III  LER'S We  Type)	DEATH mode of dying it meons the dis it meons the dis caused death.  CAUSES DINS, IF ANY, G ISE (A) STATIN ON LAST.  III DITIONS CON RELATED TO TH GIVEN IN PART I 208. COND  WAS PRIB- IH. DOY) (Year)  Statural cause Partner U.	ITRIBUTING E TERMINAL (I (A).  ITION FOR W    228.PL	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR OR DUE TO, OR OR DUE TO, OR OR DUE TO, OR OR DUE TO, Street, office of DORK AT V.  Inspection Suicion M.D.  M.D.	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF:  DUENCE OF:  DUENCE OF:  2C. WHERE DID  NJURY OCCUR?  2F. HOW DID IN  and that an temicide  CHIEF MEDICAL  STANT MEDICAL  CIATE MEDICAL	(If in Baltima IJURY OCC this basis, Undeterm EXAMINER EXAMINER	death in a manner	exoct acotion my apinion er	No DATE S 12/16
(This does repeated to the control of the DE CATE O	LEADING TO  not mean the man, asthenia, etc.  mplication which  NTECEDENT COR CONDITION  OR CONDITION  ATH BUT NOT IS  CONDITION  TOPERATION  NAL CAUSE V  CONDITION  NAL CAUSE V  CONDITION  OR CONT  USE OF DEAT  (Manth) (Death  Toperation of the condition of th	DEATH mode of dying it means the dis it caused death.  CAUSES DNS, IF ANY, G ISE (A) STATIN DITIONS CON RELATED TO TH GIVEN IN PART I 208. COND  WAS RIB- IH. Dry) (Year)	ITRIBUTING G THE  ITRIBUTING E TERMINAL 1 (A).  ITION FOR W  WH  m. WC  uiry  228. PL  www. WC  www.  yw. 246.	(A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR OR DUE TO, OR (C)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	QUENCE OF:  QUENCE	(If in Baltimo	death in an anna	21. AU exoct lacotia	DATE SI 12/16,

ATTEME WAS A P. A. P. B. STAND LODGE.

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BALTIMORE CITY HEALTH DEPARTMENT



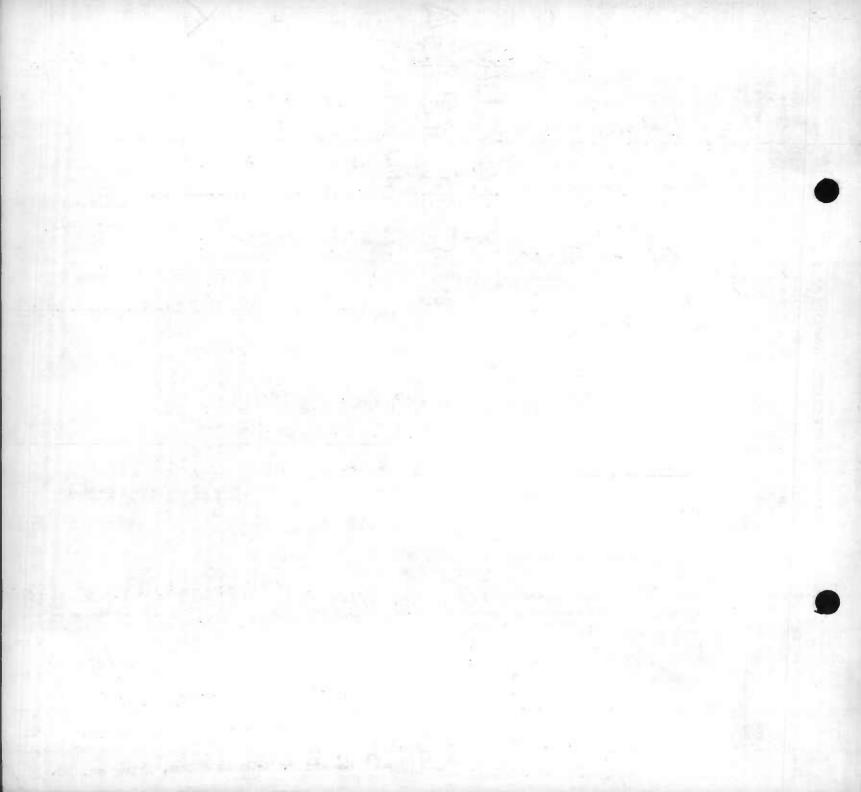
	00-16/66	T HEALTH DEP		REG. NO.		
	RTH NO. CERTIFICA	ATE OF D		7	66	5-12722
	NAME OF DECEASED E) WIN P FORD		2. DATE AND	2/x 168	тн	Kot b
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RES	IDENCE (Where	deceosed lived. I	f institution; re:	sidence before odmission
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	ML		BALTO		53-00
Z	STITUTION	c. CITY OR TO		D. 1	NSIDE CITY LIA	MITS?
		E. STREET AN			,,,,	
	SINAI HOSPITAL	-		ER PK.		
٥.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BI		AGE (In years	tf Under Months	Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign	Country)	12. CITIZ	EN OF WHAT COUNTR
lor	ne during most of working life, even if refired)	MO			V	SA
13.	FATHER'S NAME	14. MOTHER'S	MAIDEN NAM	E		- 10
	EDWARD P. FORD	BLA	NCHE	WHITE	5	
(Ye	Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMAN				ADDRESS
(	UNIX 218-03-636	P - 1110	SORD	AL	BOVE	
	CAUSE OF DEA				81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TNTO	ACRANI,	AL HEMI	no RHAGE	= 6 days
	(A) MMCDIATE CO.  (A) MMCDIATE CO.  (A) MMCDIATE CO.  (A) MMCDIATE CO.  (B) DUE TO, OR A.  (C) MMCDIATE CO.  (D) DUE TO, OR A.	A CONSEQUENC	E OF:			+
	injury or complication which caused death)					
	ANTECEDENT CAUSES	ypert-	eu sin	_		20 year
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	S A CONSEQUEN	CE OF:			10000mommon monty/000mon0000000
	UNDERLYING CONDITION lost. (C)					
7	33/X II					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
		20 A. AUTOF	SY? (Yes or No)	20B. IF YES, WE	RE FINDINGS	CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING		
AL C	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJUI	WHERE DID RY OCCUR?	(If in Bolti	more City, give	exoct locotion)
O		015	IOW BIR IV	DV 0.001100		
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED  OF INJURY  (APPROX.) While At Not W. Work At Wo.		ULMI DID WOL	KT OCCUR?		
	(APPROX.) Work L At Wo	151	11		101	1
	22. I certify that (1) (this haspital) attended the deceased fram	, ,		68 to	/	
	that (I) (we) last saw the deceased alive an			in(my) (aur)	apinian deatl	h accurred an the do
	and haur and fram the causes stated above. (I) (We) (did) (did not)	view the bady	after death.		22 D B ATE	E',SIGN ED
		tending	Med. S	taff	/2./	15/60
	23C. PHYSICIAN'S	23D. ADDRESS	Director L P	hys. 🖵	1/1/	1)/08
	HONDAND R. FRIED MAN M.D.	Sin	ai Hos	p 51	Balto.	nd.
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY	24D. LO	CATION	(City, town, or	r county) (Stote)
	BURIAL 12/18/68 5ARDENS DE	SFA / Ten	H , BOA	TO. M.	0.	
25		SALTS 25C FUNE	AL DIRECTOR			ADDRESS
	Marie a o spor lo o a O I O a a	The Party of the P	per se a a a			
	DEC 19 1968 R. C. & Ladry	ا، كا، ل	CONNE	LLY So.	NS.	300 MACE

The diese a make for pr. 1-2-4 13

VS 150-REV. 1/1/68

Small said rate programme and the second

	RTH NO. 68 23617 CERTIFICANT AND ROBERT MICHAEL	ATE OF DEATH  2, DATE AND HOUR OF DEATH
	pe or Print) Fuchs Proposition	12/15/60 18:50 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed tived. If institution: residence before admission) A. STATE B. COUNTY
[ H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE (6) 5 3 - 0 1   C. CITY OR TOWN   D. INSIDE CITY LIMITS?
4	Bathmore City Hospital	YES NO TO
11	4940 EASTERN AVENUE	E. STREET AND NUMBER
	BALTIMORE, MARYLAND 21224	1603 GAIL ROAD APT. 4
5.	Male 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 12/5/8 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
	NONE	Baltimone Maryland Heust.
13.	FATHER'S NAME GOORGE	14. MOTHER'S MAIDEN NAME
	Roberty Faces	BETTY RUST
	Was Deceased Ever in U. S. Armed Forces?  as, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.	17. INFORMANT 21224 ADDRESS
	NO none	BCH: RECORDS 4940 EASTERN AVE. BALTO. MD.
	18772.0   CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardine Howest
	(This does not mean the mode of dying, e.g., heall failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
	injuly at camplication which caused death.)	
	ANTECEDENT CAUSES	watory tollare,
	DISEASES OR CONDITIONS, if any, giving put TO, Off ise to the above cause (A) stating the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	5 HEMOTTHEY =
2	760.0 11	, 0
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	celma, (Nichmonia
FICA	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIF		YES / C
AL C	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 2 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
U		
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At Not WI	21F. HOW DID INJURY OCCUR?
	(APPROX) Work At Wor	
	22. I certify that (I) (this haspital) attended the deceased fram	113/0 MM 19 68 to 8 1 M 12/13 1968,
		41519 68 and that in(my) (aur) apinion death accurred an the date
	and haur ond from the couses stated above. (I) (We) (did) (did nat)	
		tending Med. Staff
	DEGREE PI	230_ADDRESS
	23 C. PHYSICIAN'S NAME (Type)  WITLITAM F. DEVOE M.D. DEGRE	ASIAMAN NEE. CATO WATOR FULL.
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
		Gardens Aldino Harford Md
25	A. DATE REC'D BY HEALTH DEPT. 18 TO WAME OF RESTRICTION	
	DEC 19 1968 ( O. 6 2. Farley M	Heward K. McComas & Son, Abingdon, Md.
	150-REV. 1/1/6B	



## 68-12726 BALTIMORE CITY HEALTH DEPARTMENT

68-12726

BIRTH NO.		WED	ICAL	. EX	CAMINER'S	EKIIFI	CATE OF	DEAT	H REG	. NO			
1. NAME OF	DECEASED					2. DATE	Known 💢	Month	Do	у	Yeor	Hour	
(Type or Print)		WILLL	AM BA	AILE	EY	OF DEATH	Estimoted	Decer	mber	14.	1968	2:40	А.м.
4. PLACE IN	BALTIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		Month	Do	У	Yeor	Hour	
FULL NAME OF	(IF NO	T IN HOSPITAL	L OR INS	TITUTIC	N, GIVE STREET	PRONOUNCED DEAD  December 14, 1968						2:40	A . M
OR INSTITUTION	4		,				ESIDENCE (Where		ved. If ins	stitution:		efore odmi	ssion)
35	Church H	lome & I	Hosp	ita1		A. STATE	Maryland	đ	B. COU	INTY			
6. SEX	7. RACE		B. MARR	RIEDK	NEVER MARRIED	C. CITY OF			D. INS	IDE CIT	Y LIMITS?		
Male	Whit	e	WIDOV	VED [	DIVORCED .		Baltimo	re .	1	YES	E CHE	NO 🗆	
9. DATE OF B	IRTH	10. AGE (In lost birthdoy			der I Yr. If Under 24 Hrs.	E. STREET	AND NUMBER	0		0	1		
7-30-1	941		27				241 Sou	th Wol:	fe St	treef	E		
11. BIRTHPLAC	E(State or foreig	gn country)	7.3		ITIZEN OF HAT COUNTRY?	13. FATHER	'S NAME						
	Va.			V	USA		James Wm.	Baile	y				
	CUPATION (Giv		4B. KINE	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE					
?		,		??	?	Iza	Mae Hoffm	nan					
	ASED EVER IN				17. SOCIAL SECURITY NO.	18. INFOR	MANT			AD	DRESS		ji ti
No				-	????	0.J. I	ouglas Fu	in. Hom	ne, W	le1ch			
19.	956	X			CAUSE OF DEA	TH						PROXIMATE II	
DISE	ASE OR COND	OITIO N DIREC	TLY				-						
	LEADING TO				(A)IMMEDIATE O	AUSE S1	abwound o	f ches	st				
(This doe	s not meon the lure, osthenio, etc	mode of dyi	ng, e.g.,			AS A CONSEC		45 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
	complication whi							11					
1000	ANTECEDENT	CAUSES			(0)			SE					
DISEASI	ES OR CONDITI		GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:	***					
UNDER	THE ABOVE CA	IUSE (A) STATI	ING THE		(a)								
ŏ = C	A 157				(C)								
TOTHER'S	IGNIFICANT CO	II NDITIONS CO	NTRIBU	TING							- 1		
DISEASE	DEATH BUT NO				s ann ann ann sòr sòr sòr ann ann ann ann aire ann sòr ann sòr shr sòr sòr sòr sòr	reio ana ann.ana vior vior ana vior anna anna anna vior anna ann							
					WHICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes	or No)
02												Yes	
	TERNAL CAUSE			22B. P	LACE OF INJURY(e.g.,	in or obout	22C. WHERE DID	(If in Boltimo	re City, g	give exoc	t locotion)	100	
	CAUSE OF DEA			home,	form, foctory, street, office home	e bldg., etc.)	241 S. Wo	1fo St	root				
≥ 22D. TIME	E (Month) (	Doy) (Yeor)	) (Hou	r) 22	E INTERN OCCUPPED		22F. HOW DID IN	JURY OCC	UR?				
OF INJUR' (APPROX.)		68 1:45		w	HILE AT NOT	WHILE X	A11000d1v	, otobb	od a	1.1£			
23.	12-14-	00 1.43	Λ.	m. W	ORK LI AIV	ORK LAI	Allegedly	Stabl	eu_s	ell			
l d	ertify that 1 h	eld on Ir	quiry [		Inspection Au	topsy X	and that on t	his basis,	death	in my o	opinion		
re	sulted from: N	lotural cous	ses 🗌	A	cident Suicid	le X H	omicide 🗌	Undetermi	ined mo	nner [	]		
		11	01		1		CHIEF MEDICAL	EXAMINER					
ACTU		lund	1 )	. 0	Ja soit us	ASS	ISTANT MEDICAL	EXAMINER	X			DATE SIG	NED
	MINER'S	1 1	,		M.C		OCIATE MEDICAL					1/ 1	060
	E (Type)	narles	S. S	pri	ngate, M.D.	M33(	CIAIL MEDICAL			ресе	ember	14, 1	968
24A. BURIAL C		24B. DATE		240	. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(Cit	ty, town,	, or county	) (Ste	ote)
Buri		12-19	-1968	3 6	Scott Cemeter	v		Rift,	W. V	Va.			
	C'D BY HEALTH			_	OF REGISTRAR		FUNERAL DIRECT			A	DDRESS		
-	men 4 (	1004	100	1 01	O T. R. wil	20		2			St. I		
10 151 251	and believed	1968	Ulaki	40	E, dansey, m	∠ W <del>in</del>	. Cook-Br	ooks,	Inc.	Balt	0, M	d. 21	202
VS 151-REV. 1/	1/08	114	/										

Committee and the state of and the of party of the contract of the contra . N. F. 1924 Marchette Constant Constant 

VS 150-REV, 1/1/68

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COLUNTY D. INSIDE CITY LIMITS? YES ( NO If Under 1 Yı. Monthsi Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that In (my) (our) opinion deoth occurred an the date 23B. DATE SIGNED or county) ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

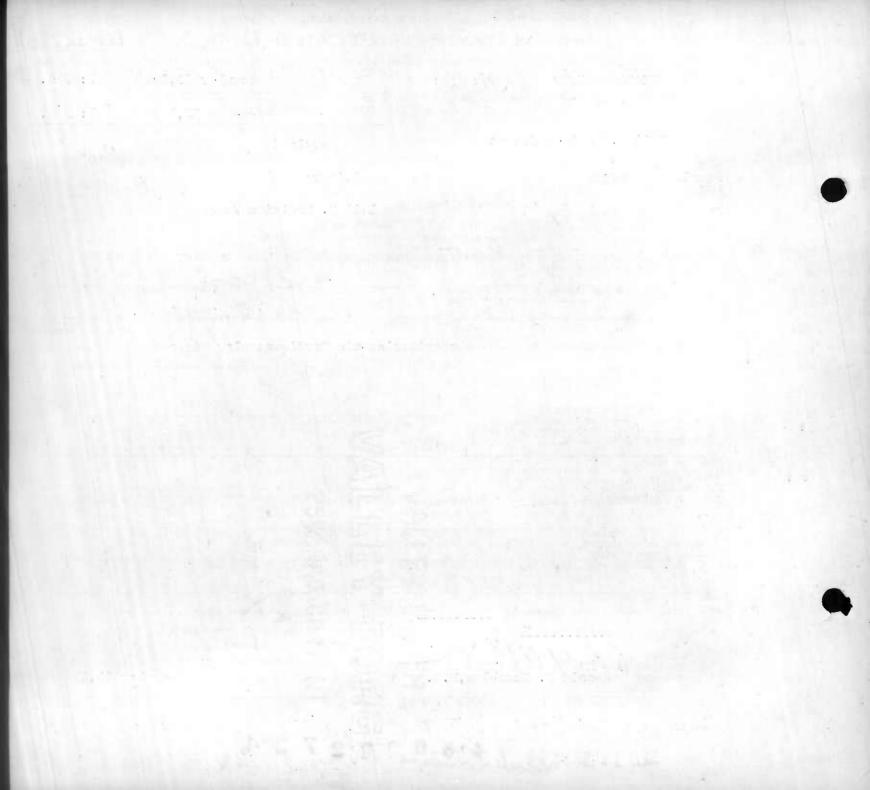
in House 80/01/1

N.200

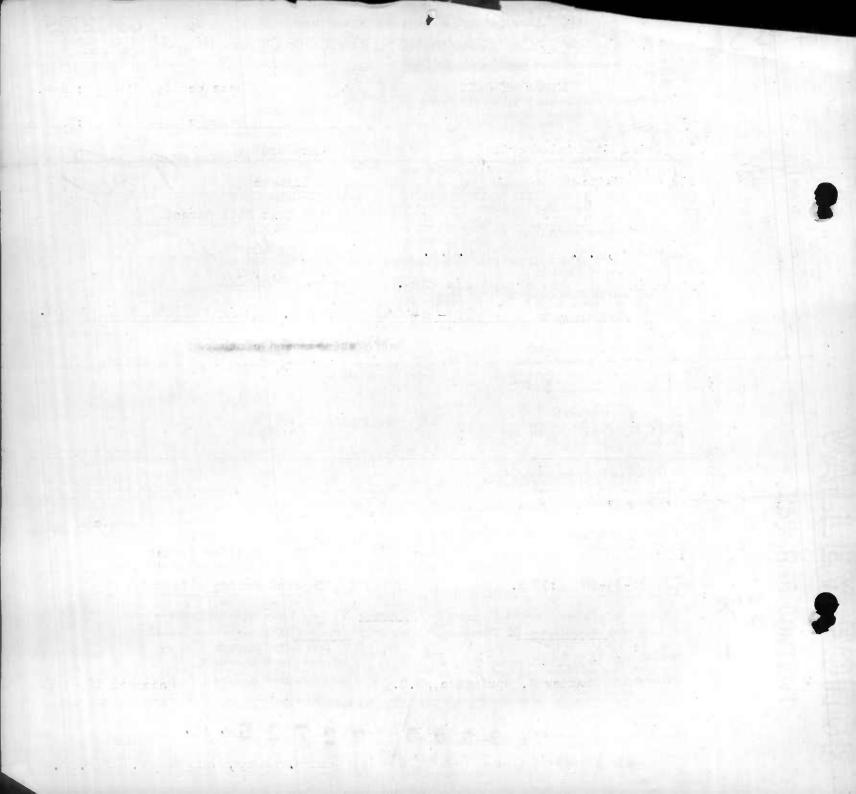
68-12728 BALTIMORE CITY HEALTH DEPARTMENT

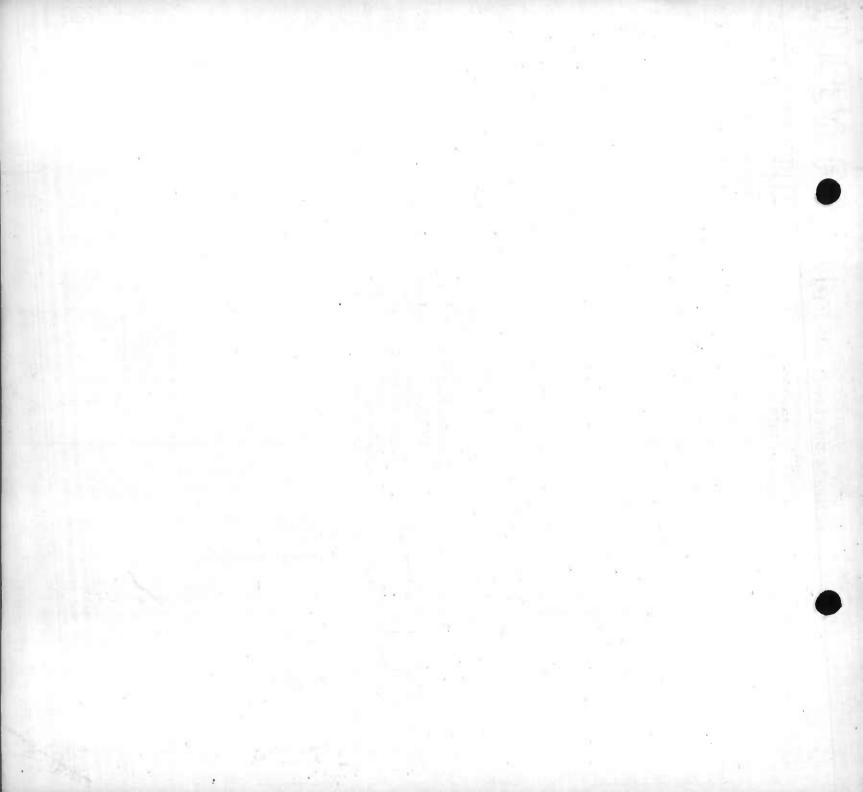
BIRTH NO.	MEDICA	L EXAMINER'S	CERTIFIC	CATE OF	DEATH RI	G. NO	68-12728
1. NAME OF DECEASED	RIGHT	(NASL)	2. DATE OF DEATH	Known	Month ecember	13,1968	7:05 A.
4. PLACE IN BALTIMORE, MAI FULL NAME OF (IF NOT HOSPITAL ADDRES		RONOUNCED DEAD	3. DATE			Day Year	7:05 A.M.
OR INSTITUTION	adison St	ceet	A CTATE	SIDENCE (Where of Maryland		institution: residend	
6. SEX 7. RACE Female Negr		RIED NEVER MARRIED DIVORCED	C. CITY OR Balti		D. II	VES X	NO [
9. DATE OF BIRTH Mar. 12, 1909	10. AGE (In years lost birthdoy) ?	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.		ND NUMBER E. Madisio	n Street		
11. BIRTHPLACE (State or fareign  14A. USUAL OCCUPATION (Give dane during most of warking life, eve		UP OF BUSINESS OR INDUSTR	13. FATHER'	S NAME  ALVA  S MAIDEN NAMI	mon		
16. WAS DECEASED EVER IN U	J.S. ARMED FORCE or or dates of service	S? 17. SOCIAL SECURITY NO.	18. INFORM	Binil	· lus is	ADDRESS NU WILL	lare. Il
19. 4, 9 4.		CAUSE OF DEA	ATH /	y source	2001/0	017.000	APPROXIMATE INTERVAL
OTHER SIGNIFICANT CONTO THE DISEASE OR CONDITION OTHER SIGNIFICANT CONTO THE DETAIL BUT NOT DISEASE OR CONDITION OF DISEASE OR	ONS, IF ANY, GIVING ISE (A) STATING TH ON LAST.  IF DITIONS CONTRIBLE	(C)	AS A CONSEC	QUENCE OF:			
DISEASE OR CONDITION OF 20A. DATE OF OPERATION	GIVEN IN PART 1 (A	)I FOR WHICH OPERATION W	AS PERFORM	ED		21. AU	TOPSY? (Yes ar Na)
22A. EXTERNAL CAUSE V UNDERLYING OR CONT UTING CAUSE OF DEAT	RIB- TH.	22B. PLACE OF INJURY (e.g., home, farm, factory, street, affi	ce bldg., etc.) In	NJURY OCCUR?	Mycell	, give exact location	1)
OF INJURY (APPROX.)	ay) (Yeor) (Ho	m. WHILE AT NO WORK AT N	T WHILE 2	2F. HOW DID INJ	JRY OCCUR?		
NAME (Type)	noted U		de Ha	micide U CHIEF MEDICAL EX STANT MEDICAL EX	AMINER AMINER AMINER		DATE SIGNED
REMOVAL (Specify)  25A. DATE REC'D BY HEALTH D  DEC. 19		NAME OF REGISTRAR	2 239 1	UNERAL DIRECTO	10	ADDRESS ADDRESS	y Mil

VS 151-REV. 1/1/68



BII	RTH NO.	M	EDICA	EXAMINER'S	CE	RTIFI	CATE OF	DEAT	H REG. NO.		
1.	NAME OF DEC	EASED			12.	DATE	Known X	Month	Doy	Yeor	Hour
(Ту	pe or Print)		RMAN HI	ENDRTX		OF	Estimoted		ber 14,	1968	3:25 A.M
4.	PLACE IN BAL			RONOUNCED DEAD		DEATH		Month	Doy	Yeor	Hour No
FUI	L NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET		PRONO	UNCED DEAD			1000	2 05 4
	SPITAL	ADDRESS OR L	OCATION)		5	IICIIAI 0	RESIDENCE (Where		ber 14,		3:25 A M
1	111	io- Mo	1 11	14-1		STATE	Carlo San		B. COUNTY	residence	perore damission)
		ion Memoria	-				Maryland			- 100	
11	SEX	7. RACE	B. MAR	RIED NEVER MARRIED	]  c.	CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?	4
	Male	White	WIDO	WED DIVORCED			Baltimore		YE	s	NO
9.	DATE OF BIRT	H 10.AG	E (In years	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min		STREET	AND NUMBER				
		lost bir	35	Months Doys   Hours   Min			609 East	34th S	treet		
11.	BIRTHPLACE (S	State or foreign count	ry)	12. CITIZEN OF	13.	FATHER	'S NAME				
				WHAT COUNTRY?		111:11	ur Hendri	• •			
14/	Ashvi		work LAR KINI	OF BUSINESS OR INDUST							
		working life, even if reti	red)		1						
	mechan	ic		t & air cond.			nnah Meri	dith			
		ED EVER IN U.S. AR			IB.	INFOR				DRESS	
	ues	Korean w		473-36-900	68	Han	nah M. Hen	drix	1742 Moi	ntpei	ler Sto
	19. 19.	( 0 X		CAUSE OF DE	ATH			Y			PROXIMATE INTERVAL
	DISEAS	E OR CONDITION D	NDECTIV	Pe	rfc	rati	ng wound o	of thor	ax	102111	LEIN ONGE! AND DEA!
		LEADING TO DEATH									
	(This does n	not mean the mode o	of dying, e.g.,	(A)IMMEDIATE DUE TO, OF	AS A	CONSEC	UENCE OF:				
1		e, osthenio, etc. It meon mplication which couse						-/-/			
		NTECEDENT CAUSE		(B)	0.46	4 60 115	QUENCE OF:				
	RISE TO TH	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING THE		K AS /	A CONSE	QUENCE OF:				
12	UNDERLYIN	NG CONDITION LA		(C)			**************************************				
CERTIFICATION		11		· · · · · · · · · · · · · · · · · · ·							
II ₹	OTHER SIGN	HIFICANT CONDITION	SCONTRIBU	TING							
	DISEASE OF	ATH BUT NOT RELATED CONDITION GIVEN									
P.	20A. DATE O	F OPERATION 20B.	CONDITION	FOR WHICH OPERATION V	VAS I	PERFORM	MED			21. AUTO	PSY? (Yes or No)
∥ö	2.									V	es
1 Y	22A. FXTER	NAL CAUSE WAS		22B. PLACE OF INJURY(e.g	. in c	or obout	22C WHERE DID	(If in Boltimor	e City give exp		. 65
∥S	LINDERLYING	OR CONTRIB-		home, form, foctory, street, of	ice blo	dg., etc.)	NIURY OCCUR?			0	11.5
MEDI		USE OF DEATH.	/v \ / /v	nome			1142 Mont			/	
1	OF INJURY		,	WHILE AT NO	T WILL	II E TOTAL					
		12-14-68 1	.:55 A.	m. WORK AT	WORK	ILE K	Injured d	luring	alterca	tion	
	23.					[20]					
		tify that I held an									
	resul	ted fram: Natural	causes X	Accident Suic	i de	_ н	amicide 💢	Undetermi	ned manner [		
		100	VI.	1 -1			CHIEF MEDICAL E	XAMINER			DATE CICALED
	ACTUAL	1 /1/2- /4	JJ. C	trast "	D.	ASS	ISTANT MEDICAL E	XAMINER	$\mathbf{x}$		DATE SIGNED
	SIGNAT		- C C		υ.	ASSO	OCIATE MEDICAL E	YAMINER			1/ 10/0
	NAME (	911012	es 5. S	Springate, M.D.		N33	SCIATE MEDICAL L	AAMIIAEK	Dece	ember	14, 1968
	A. BURIAL CRE	MATION, 24B. DA	TÉ	24C. NAME of CEMETER	Y ar	CREMATO	ORY 24D.	LOCATION	(City, town	, or county	) (Stote)
RE	MOVAL (Speci	1 10/	17/10	011.	,		1 (	sht.	MJ		
	Buria	1 1 1 1	1//60	Baltimone A	ati	ional	en Do	utto.		ODRESS	
25	A. DATE REC'D	BY HEALTH DEPT.	25B. f	NAME OF REGISTRAR	E.	25C.4	MUNERAL DIRECTO	OK.			
		SEC 18 19	Disk	Just E. tackey	-	To	hn A. Mo	ran In	c 3000	E. Bal	to. St.
VS	151-REV. 1/1/6	8 1/0 =	)	1		10-					







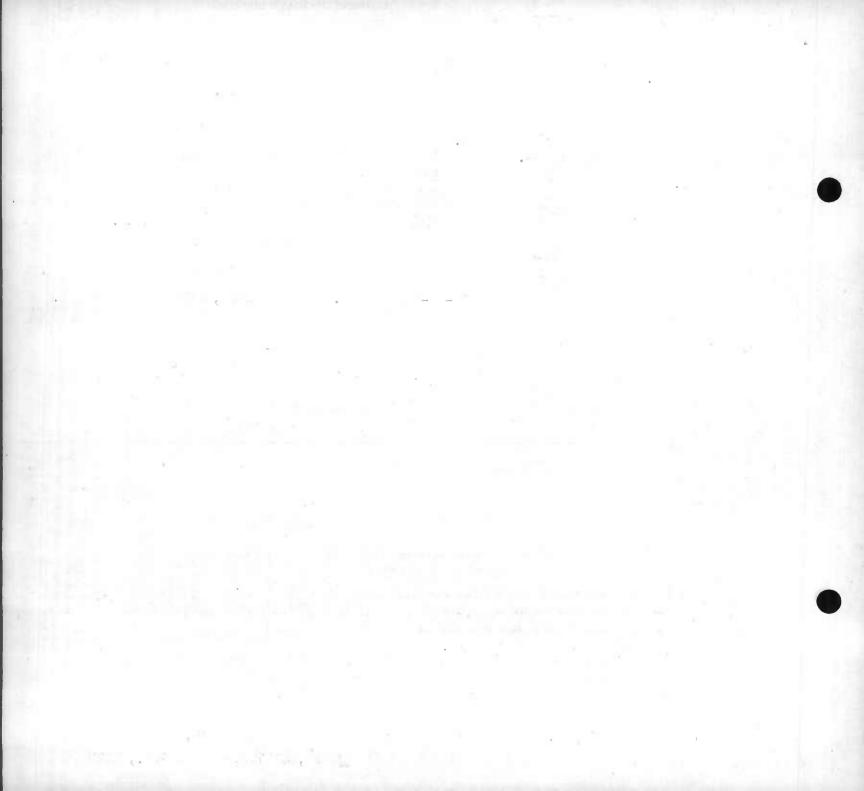
ype or Print)	CEASED			2. DATE A	ND HOUR OF DEATH	10
ERT HOSPITAL OR NSTITUTION	AUX, TAM LITIMORE MARYLAND, W IFICATE ADDRESS OR LOCA ALSOPHIL CALLET GULL	AL ON MANAGE	ENDED 12-23-6	Md. Ba. C. CITY OR TOWN  E. STREET AND NUMBER	ltimore City 2/2/5	nstitution: residence before admission
SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  7/9/65 Y 11. BIRTHPLACE (State or for	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H. Months Doys Hours Min.
one during most o	t working life, even if retired)  Telephone Co.		Superviser	Pennsylvani	a.	U.S.A.
Howard				Ann Ridge	31115	
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO. 164-07-6825	17. INFORMANT  Edna Vaux	5616 Magno	Address
	ANTECEDENT CAUSES		Phleh	tio - L. ly		12 hre
UNDERLYIN OTHER SIGN TO THE DEA	OR CONDITIONS, if the abave couse (A) IG CONDITION lost.  II IFICANT CONDITIONS CONTINUE TO THE BUT NOT RELATED TO TO	any, giving staling the NTRIBUTING HE TERMINAL	(B) DUE TO, OR A (C) The fas	Lio - L. Ly s a consequence of the La Ca	spendix	12 hrs 1 mas H
other sign to the disease or	OR CONDITIONS, if the abave couse (A) IG CONDITION lost.  11  IFICANT CONDITIONS CONTINUE TO THE CONDITIONS CONDITION GIVEN IN PARCONDITION GIVEN GIVE	any, giving staling the NTRIBUTING HE TERMINAL RT 1 (A).	(B) DUE TO, OR A (C) THE LOS	SA CONSEQUENCE OF SALLIC CA. CA.		12 hrs 1 Man H
other sign to the Death of the	OR CONDITIONS, if he abave couse (A) IG CONDITION lost.  11 IFICANT CONDITIONS CO AITH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON	any, giving staling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED	(c) The fas	thic la. 9	IN CERTIFYING CA	12 MS  1 Mon H  FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exoct location)
other sign to the dead of the	OR CONDITIONS, if the abave couse (A) IG CONDITION lost.  II IFICANT CONDITIONS CONTINUES CONDITION GIVEN IN PAR OF OPERATION 19B. CONWAS PER ENT WAS UNDERLYING CAUSE OF	any, giving staling the NTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR FORMED	WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, form, foctory, street, )  INJURY OCCURRED Not Wh	20 A. AUTOPSY? (Yes or F	IN CERTIFYING CA	AUSES OF DEATH?

H.M

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a hospital and

W-435	68-	-12733	<	TE OF DEAT	250 110	68-12733
BIRTH NO.  1. NAME OF DECE (Type or Print)	ASED 1 / / /	16/16		2, DAT	E AND HOUR OF DEATH	and a
	VVILBUY		Iton	H. Henry assistance	12-18-6	institution: residence before admission
S. PLACE IN BALTI	(IF NOT IN HOSPITADDRESS OR LOCA			A. STATE B. C	Balto.	08
INSTITUTION	Lutheran Ho			C. CITY OR TOWN Balto	16 N	YES NO NO
76	Rainer & As		St.	E. STREET AND NUMB	ndson Avenue	
. SEX	Baltimore,			B. DATE OF BIRTH	9. AGE (In years	1 1 1 1 2 2 V
MALE	WHITE	WIDOWED		11/20/99	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of w	PATION (Give kind of work orking life, even if retired)		BUSINESS OR INDUSTRY L property	Maryland	foreign country)	J.S.A.
3. FATHER'S NAM	Walto	n		14. MOTHER'S MAIDEN	NAME	
5. Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknown	, co, g	01 00111005	213-28-7874A	Mrs. Beulah	Walton, 4130	Edmondson Ave.
DISEASES OF THE UNDERLYING	NTECEDENT CAUSES  R CONDITIONS, il obove cause (A) CONDITION lost.	stoling The	(c) anguet	a consequence of: veral Buon	elites psychoneuros	•
✓ DISEASE OR CO	BUT NOT RELATED TO TO DIDITION GIVEN IN PAR OPERATION 198. CON WAS PERI	T 1 (A). DITION FOR W	WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medicol exominer)	21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  Not While At Work	e 🗂	INJURY OCCUR?	
that (I) (we)	hat (1) (this hospital lost saw the deceose from the couses stat	d alive an	Ock	19 6 5 and and a steel of the body ofter decided and a steel of the body of th	d that in (my) (our) o	Dec 18, 1968  pinian death occurred on the da  To made examiner
23A. SIGNATUI	1/	Klens	9	ending Med.	Shoff Phys.	23B. DATE SIGNED 12-18-68
23 C. PHYSICIAN NAME (Ty	PS pel A. KN	IPP.	ms	23D. ADDRESS 4/16 Edin	narden An	. Galtand zu
24A. BURIAL CREA REMOVAL (S	pecify)		ME of CEMETERY OF CRI			City, town, or county) (Stote)
Burial	12/20/6	Wes Wes	tern Cemetery		Baltimore,	
25A. DATE REC'D	EC 19 1924	258, NAME Q	FREGISTRAR	25C FUNERAL DIRE	00 Edmondson	Ave., 21229



BIRTH NO.  1. NAME OF DECEASED				AND HOUR OF DEAT		
RUSSELL, Miss Mary	v B.		12/	18/68	1 5	5:15 A.
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If	f institution: resident	e before odmiss
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION, G			nd 21229	10	4
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR LINSTITUTION .	OCATION)		C. CITY OR TOWN		NSIDE CITY LIMITS?	/
/ JENKINS MEMORIAL I	HOSPITAL		Baltim	ore	O YES X	NO .
1000 Caton Avenue			E. STREET AND NUMBER			
Baltimore, Maryla		-25	606 Cook 1 & L	9. AGE (In years	[ ( II . I . 2 V .	11.11.1.2.24
5. SEX 6. RACE	7. MARRIED NEVE	LK MAKKILD		lost birthdoy)	If Under 1 Yr. Months: Doys	Hours Mi
10A. USUAL OCCUPATION (Give kind of	WIDOWED		Feb. 3, 1891	toign country)	12 CHIZEN O	F WHAT COUN
done during most of working life, even if retir		,				
Graduate Nurse			Baltimore,	-	US	A
13. FATHER'S NAME		1	MOTHER'S MAIDEN N	AME		
William Thomas Rus	236TT		Ellen Burke			
William Thomas Rus  15. Wos Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or		URITY NO.	7. INFORMANT		ADD	RESS
No		44-0574A	Mrs. Ellen P	. Kuebel, 9	46 St. Agr	es Lane
ANTECEDENT CAU  DISEASES OR CONDITIONS,	ISES if any, giving	arten	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:		lar resal	
Injury or complication which cau  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED INSEASE OR CONDITION SIVEN IN	ised deoth.)  ISES  if any, giving (A) stating the  CONTRIBUTING TO THE TERMINAL	B) DUE TO OR AS A CO.	osclerotie (	(mtutare	hantene	//-/8-6 SIDERED
ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198.  WAS  21A. ACCIDENT WAS UNDERLYIN	ISES  if any, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR WHICH PERFORMED	DUE TO OR AS AS CO.	consequence of consequence of former	Authorian Value of the Control of th	hantene)	1?
ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED INTO THE DEATH SIGNIFICANT INTO THE DEATH SIGNIFICANT INTO THE DEATH CONTRIBUTING TO CAUSE OF DEATH (notify medical examiner)	CONTRIBUTING TO THE TERMINAL PART 1 (A).  218. PLACE   home, form,	DUE TO OR AS AS CO.  Specific for the popular forms of the forms of th	consequence of consequence of former	Authorian Value of the Control of th	hanting) RE FINDINGS CON CAUSES OF DEATH	1?
ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	SES  if any, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc., eeo) (Hour) 27E. INJURY	DUE TO OR AS A  DUE TO OR AS A  C)  PRACTICE  PERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While	CONSEQUENCE OF CONSEQUENCE OF SOME OF	Jentutare (If in Baltin	RE FINDINGS CON CAUSES OF DEATH	1?
ANTECEDENT CAU  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  UNDERLYING CONDITION IOST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED OF DISEASE OR CONDITION GIVEN IN  19A. DATE OF OPERATION 19B.  WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (YOF INJURY (APPROX.)	CONTRIBUTING TO THE TERMINAL PART 1 (A).  218. PLACE home, form, etc.)  eor) (Hour) 21E. INJURY Work	DUE TO OR AS A  C)  PERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work	CONSEQUENCE OF CONSEQUENCE OF SOME OF	ON 208. IF YES, WEI IN CERTIFYING (If in Bolting)  AUTHORITY OCCUR?  Floor of 1000	RE FINDINGS CON CAUSES OF DEATH	t lacation)
Injury or complication which cau  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED UNDERSOR OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198.  OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Y OF INJURY (APPROX.)  22. I certify that (I) (this hosp	CONTRIBUTING TO THE TERMINAL PART 1 (A) CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc.) While A1 Work  wittent) attended the decements	DUE TO OR AS A  C)  PERATION  OF INJURY (e.g., in foctory, street, office)  OCCURRED  Not While At Work	CONSEQUENCE OF CONSEQUENCE OF SOME OF	No) 20B. IF YES, WEI IN CERTIFYING (If in Baltin Manual Court of State of S	RE FINDINGS CON CAUSES OF DEATH	t lacation)
Injury or complication which cau  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. ( WAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Y OF INJURY (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the dece	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc.)  eor) (Hour) While At Work pritat) attended the dece	DUE TO OR AS A  C)  PERATION  OF INJUST (e.g., in foctory, street, office)  Not While At Work  OSED Fram  OCCURRED	CONSEQUENCE OF CONSEQ	(If in Balting of John of that in (my) (aus) of the state	RE FINDINGS CON CAUSES OF DEATH	t lacation)
ANTECEDENT CAU  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 179A. DATE OF OPERATION 179B.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)  21D. TIME (Month) (Doy) (Y (APPROX.)  22. I certify that (I) (this hosp	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc.)  eor) (Hour) While At Work pritat) attended the dece	DUE TO OR AS A  C)  PERATION  OF INJUST (e.g., in foctory, street, office)  Not While At Work  OSED Fram  OCCURRED	CONSEQUENCE OF CONSEQ	(If in Balting of John of that in (my) (aus) of the state	RE FINDINGS CON CAUSES OF DEATH	t lacation)  19 Courred an the
ANTECEDENT CAU  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)  21D. TIME (Month) (Doy) (Y (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the dece	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc.)  eor) (Hour) While At Work pritat) attended the dece	DUE TO OR AS A  C)  PERATION  OF INJUNY (e.g., in foctory, street, office  Not While At Work  osed fram  did) (did nat) vie  Attention	CONSEQUENCE OF CONSEQ	Jentutare  (No) 208, IF YES, WEI IN CERTIFYING (  (If in Ballin  A)  (If in Ballin  (If in Bal	RE FINDINGS CON CAUSES OF DEATH mare City, give exoc	t lacation)  19 6  curred an the
ANTECEDENT CAU  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B.  VAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Doy) (Y (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the dece and haur and from the causes 23A. SIGNATURE  23C. PHYSICIAN'S	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc.)  eor) (Hour) While At Work pritat) attended the dece	DUE TO OR AS A  C)  Flacture  PERATION  OCCURRED  Not While  At Work  osed fram  did) (did nat) via	cocles free  CONSEQUENCE OF:  CONSEQUENC	Outstack  No) 20B. IF YES, WEI IN CERTIFYING (  (If in Baltin )  NJURY OCCUR?  A process  19 5 to 10 to 11 t	RE FINDINGS CON CAUSES OF DEATH mare City, give exoc	t lacation)  19 Courred an the
Injury or complication which cau  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Y (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the dece and haur and from the causes 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc.)  eor) (Hour) While At Work pritat) attended the dece	DUE TO OR AS A  C)  PERATION  OF INJUNY (e.g., in foctory, street, office)  Not While At Work  OSER fram  DEGREE  Athenomous Athenom	CONSEQUENCE OF CONSEQ	JOB. IF YES, WEI IN CERTIFYING (  If in Baltin  AUJURY OCCUR?  Floor  1956 to  that in (my) (aux) of  Staff  Phys.	RE FINDINGS CON CAUSES OF DEATH mare City, give exoc population death ac	t lacation)  19 6  curred an the
ANTECEDENT CAU  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B.  VAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Doy) (Y OF INJURY (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the dece and haur and from the causes 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Harry Knipp	CONTRIBUTING (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR WHICH PERFORMED  21B. PLACE home, farm, etc., while At Work  wital) attended the dece	DUE TO OR AS A  C)  DUE TO OR AS A  C)  PRATION  OF INJUST (e.g., in foctory, street, office)  Not While At Work  osed fram  did) (did nat) via  DEGREE  DEGREE  DEGREE	cocles free  CONSEQUENCE OF:  CONSEQUENC	Intutace  No) 20B. IF YES, WEI IN CERTIFYING (  (If in Bollin   NJURY OCCUR?  1956 to  1956 to  1956 to  1956 Ave, Balti	RE FINDINGS CON CAUSES OF DEATH mare City, give exoc opinion death ac 238. DATE SIG 12- more, Md.	t lacation)  Lacation)  19 6  curred on the
injury or complication which caused ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION STOTHE DEATH BUT NOT RELATED to DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. (WAS)  11-25-68 WAS  121A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (YOF INJURY (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the deceand have and from the causes 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Herry Knipp  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CONTRIBUTING (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  21B. PLACE home, farm, etc.)  While At Work  Stated above. (1) (We) (	DUE TO OR AS A  C)  Flacture  DEFRATION  OCCURRED  Not While At Work  osed fram  DEGREE  DEGREE  DEGREE  CEMETERY OF CREA	CONSEQUENCE OF  CONSEQUENCE OF	John IF YES, WEI IN CERTIFYING (  If in Balling of Notes	RE FINDINGS CON CAUSES OF DEATH mare City, give exoc popinion death ac- 23B. DATE SIG / 2 - More, Md. (City, town, or cour	t lacation)  Lacation)  19 6  curred on the
injury or complication which cau  ANTECEDENT CAU  ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED. DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Y OF INJURY (APPROX.)  22. I certify that (I) (this hosp that (I) (we) last sow the dece and haur and from the causes 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Harry Knipp  24A. BURIAL CREMATION, 124B. DATI	CONTRIBUTING (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  21B. PLACE home, farm, etc.)  While At Work  Stated above. (1) (We) (	DUE TO OR AS A  C)  DEFINITION  OF INJUNY (e.g., in foctory, street, office  Not While At Work  OSER fram  DEGREE  DEGREE  DEGREE  DEGREE  CEMETERY OF CREA	CONSEQUENCE OF  CONSEQUENCE OF	Ave, Balti Location  [Mol 208, IF YES, WEI IN CERTIFYING (  (If in Baltir  Ave, Balti  Location  altimore, M.	RE FINDINGS CON CAUSES OF DEATH mare City, give exoc popinion death ac- 23B. DATE SIG / 2 - More, Md. (City, town, or cound)	t lacation)  19 Courred on the

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BALTIMORE CITY HEALTH DEPARTMENT

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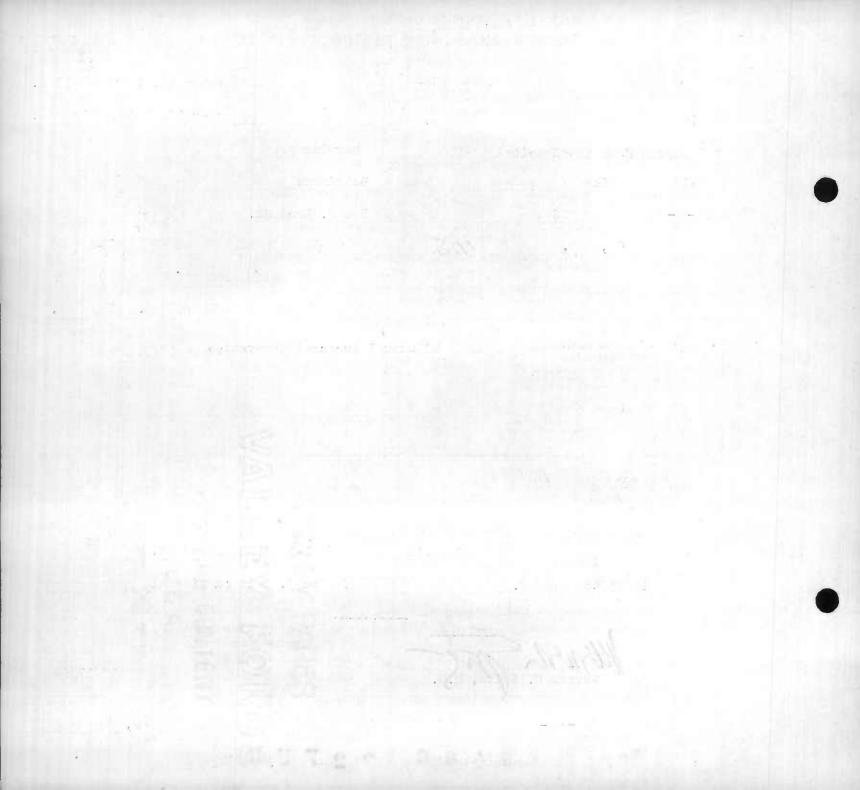
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K-262

68-1273 PALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-1273
BIRTH NO.	REG. NO. 188 LEGIO
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Haur
(Type or Print) THEODORE KOZ IERACKI	OF DEATH Estimoted December 16, 1968 7:55 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 16, 1968 7:55 A.M.
3.5	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
Church Home and Hospital	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore VES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
11-8-30 38	708 S. Bond St.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE, MD. WHAT COUNTRY?	STANLEY KOZIERACKI (DECEASED)
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	HELEN SKALDANEK (DECEASED)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  YES  SECURITY NO.	VINCENT KOZIERACKI 619 S. 47TH ST.
19. CAUSE OF DEA	
C00/M	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Bilates	ral Subdural Hemorrhage
LEADING TO DEATH (A) IMMEDIATE (This does not mean the mode of dying, e.g., DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
migry of complication which coosed death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LÁST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
E 903,5 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
02	Yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING AOR CONTRIB- home, form, foctory, street, office utiling a cause of death. sidewalk	1612 Shakesphere St.
2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	
(APPROX.) 12/15/68 6.00 P WHILE AT NO	WHITE X subj. fell on sidewalk
(APPROX.) 12/15/68 6:00 P. m. WORK ATV	work [X] subj. fell on sidewalk
I certify that I held on Inquiry I Inspection A	ptopsy X and that an this basis, death in my opinion .
	de Homicide Undetermined monner
resofted note. Rational cooses	CHIEF MEDICAL EXAMINER
ACTUAL MILANDI STORY	DATE SIGNED
SIGNATURE M.I	12/17/69
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
BURIAL 12-19-68 HOLY ROSAR	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MEN TA 1802 BUD IN S BUD IN	2 POHM I WEBER & SONS INC.
VS 151-REV. 1/1/6B	7 1 2 0 0 11 M 9 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13 131-1121. 1/1/00	



VS 150-REV. 1/1/68

If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (ew) apinion death occurred an the date 23B. DATE SIGNED ADDRESS 401. S. CHESTER SONS INC.

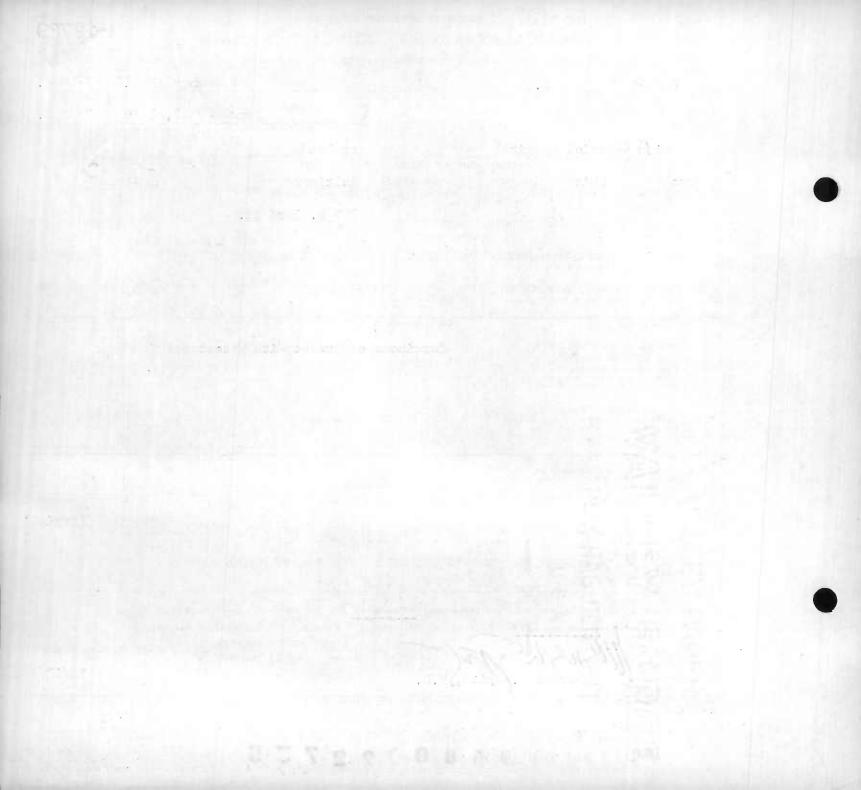
Charles for factor in the the second of the second w.1035

68-12739 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

68	1	2	7	3	9
00		Pres!	-	U	U

BIRTH NO.	KEG. INO	
1. NAME OF DECEASED	2. DATE Knawn Manth Day	Year Haur
(Type or Print) BANDRA L. WORDEN	OF DEATH Estimoted December 1	7, 1968 7:30 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Docombox 17	1068 7.30 4
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	December 17,	1441
44	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE  B. COUNTY	in: residence before admission)
Union Memorial Hospital	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. MISIDE C	CITY LIMITS?
	Poltrimone 9	
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Baltimore V	ES NO.
Ost birthdoy)   Months   Days   Hours   Min.	E. STREET AIRS ITOMOER	
3/7//// 31	707 E. 33rd St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Ballo MA - WHAT COUNTRY?	Ralah & Miller	11
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	4.
done during most of working life, even if retired)	111- ()	A .
Cfash Shot	Alece (numberch	el.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	18. NFORMANT	ADDRESS
1/0 1/	Rosek & Wille 10. 6151	Mada bue
19. CAUSE OF DEA	TH / /	APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Carcinor	na of Breast With Metastases	
(A)IMMEDIATE C		
heort foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury ar complication which caused death.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	_ a 0 a sheethata a 0 mm araqaalg m g-g gag sheetha sheetar ara araa maan a 9 t
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	
		21. AUTOPSY? (Yes or No)
	Language Pip (v. p. l.	Yes (Partial)
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give e) te bldg., etc.) INJURY OCCUR?	Yes (Partial)
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give extending, etc.)	Yes (Partial)
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, factory, street, office uning Cause of Death.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	in ar about 22C. WHERE DID (If in Baltimare City, give extending, etc.) INJURY OCCUR?	Yes (Partial)
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPORT)	22F. HOW DID INJURY OCCUR?	Yes (Partial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT WORK AT WORK	22F. HOW DID INJURY OCCUR?	Yes (Partial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W.  23.	22F. HOW DID INJURY OCCUR?	Yes (Partial)
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK AT W.  23.  I certify that I held an Inquiry Inspection PAu	22F. HOW DID INJURY OCCUR?  WHILE  work  and that an this basis, death in my	Yes (Partial) coct location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W.  23.	22F. HOW DID INJURY OCCUR?  WHILE VORK  and that an this basis, death in my de Hamicide Undetermined manner	Yes (Partial) coct location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAuresulted from: Natural causes Accident Suicident	22F. HOW DID INJURY OCCUR?  WHILE  work  and that an this basis, death in my	Yes (Partial) cact lacation)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAuresulted from: Natural causes Accident Suicides  ACTUAL	22F. HOW DID INJURY OCCUR?  WHILE  and that an this basis, death in my de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	Yes (Partial) coct location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAuresulted from: Natural causes Accident Suicides  ACTUAL SIGNATURE	22F. HOW DID INJURY OCCUR?  WHILE VORK  and that an this basis, death in my de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	Yes (Partial)  A apinian  DATE SIGNED
22A. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAu  resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER WERNER U. Spitz M.D.	22F. HOW DID INJURY OCCUR?  WHILE  and that an this basis, death in my de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	Yes (Partial) cact lacation)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAu resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.	22F. HOW DID INJURY OCCUR?  WHILE VORK and that an this basis, death in my de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	Yes (Partial)  vacilacation)  DATE SIGNED  12/17/68
22A. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAu  resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER WERNER U. Spitz M.D.	22F. HOW DID INJURY OCCUR?  WHILE VORK and that an this basis, death in my de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	Yes (Partial)  A apinion  DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAU resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S WETNET U. Spitz, M.D.  24A. BURIAL CREMATION, 24B. DATE  22B. PLACE OF INJURY (e.g., home, form, factory, street, office white Accident Notes N	22F. HOW DID INJURY OCCUR?  WHILE VORK and that an this basis, death in my de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	Yes (Partial)  vacilacation)  DATE SIGNED  12/17/68
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAU resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S WETNET U. Spitz, M.D.  24A. BURIAL CREMATION, 24B. DATE  22B. PLACE OF INJURY (e.g., home, form, factory, street, office white Accident Notes N	and that an this basis, death in my de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CTEMATORY  ACCEMATORY  24D. LOCATION (City, township)	Yes (Partial)  vacilacation)  DATE SIGNED  12/17/68
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAU resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.  24A. BURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEFT.  25B. NAME OF REGISTRAR	and that an this basis, death in my de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CTEMATORY  ACCEMATORY  24D. LOCATION (City, township)	Yes (Partial)  A apinian  DATE SIGNED  12/37/68  Vin, or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection PAU resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, PROMOVAL (Specify)  24B. DATE  22C. NAME of CEMETERY PAU ACCIDANT OF THE PAU AC	and that an this basis, death in my de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CTEMATORY  ACCEMATORY  24D. LOCATION (City, township)	Yes (Partial)  A apinion  DATE SIGNED  12/37/68  Vin, or county) (Stote)

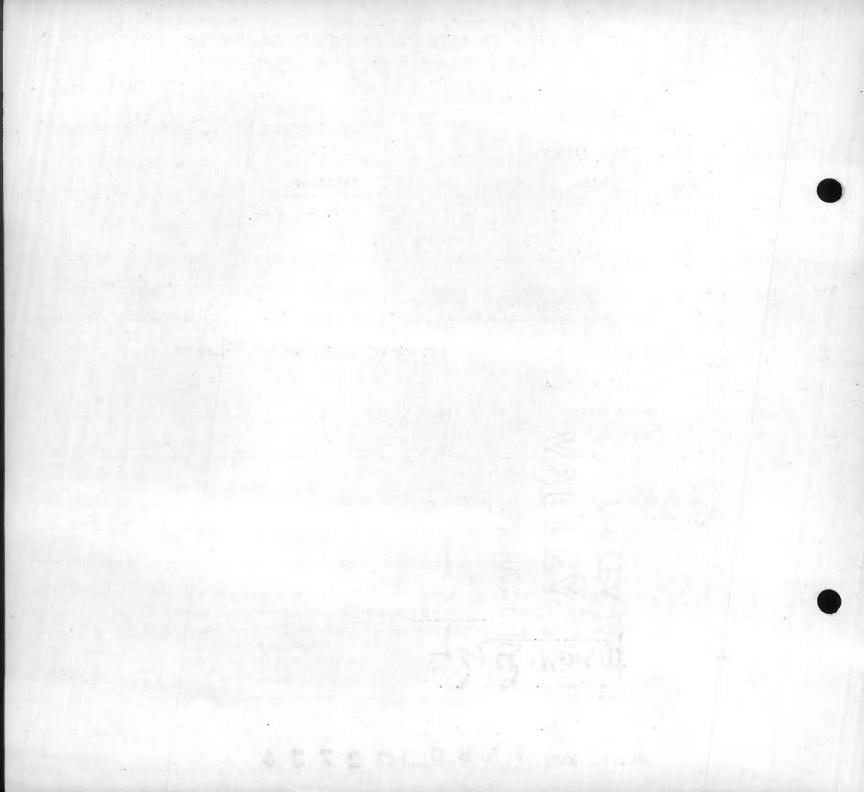


## BALTIMORE CITY HEALTH DEPARTMENT

SEDICAL EVA MINIED'S CEDTIFICATE OF DEATH

6	8-	-1	2	7	13	0
-	_	-	-		-th-	0

REG. NO.
1. NAME OF DECEASED   2. DATE Knawn   Month Day Year Haur
(Type or Print)
WILLIAM C. HERBERT DEATH Estimated X December 16, 1968 9:30 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Day Year Haur
DECALOURISED DEAD
HOSPITAL ADDRESS OR LOCATION)  December 16, 1968 9:30 A
OR INSTITUTION  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and the country and the country and the country are the country and the country and the country are the country are the country and the country are the c
1625 Gough Street Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN DINSIDE CITY LIMITS?
male white WIDOWED DIVORCED Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER
III/4/09   lost birthdoy)   Manths, Doys, Haurs, Min.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
WHAT COUNTRY?
Valio, 11/d. 0.>.17
14A. USUAL OCCUPATION (Givé kind lof work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, pive war ar dates af service)  17. SOCIAL SECURITY NO.  18. INFORMANT  SECURITY NO.
4. ES W.W. IE 27-07-2637 Jack Me Daniel 1625 Accept to
V 19.
BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Arteriøsclerotic Cardiovascular Disease
(A)IMMEDIATE CAUSE
heart failure, asthenio, etc. It meons the disease,
injury or camplication which caused deoth.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or
NO NO
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact location) hame, form, foctory, street, affice bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- LUTING CAUSE OF DEATH.  UNDERLYING CAUSE OF DEATH.
22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED 22F. HOWDID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE
(APPROX.) m. WHILE AT WORK AT WORK
(APPROX.)  m. WHILE AT WORK  AT WORK
(APPROX.)  m. WORK  AT WORK  23.  I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my opinion
(APPROX.)   WORK   NOT WHILE
(APPROX.)   MHILE AT   NOT WHILE
ACTUAL   SIGNATURE   ASSISTANT MEDICAL EXAMINER   DATE SIGNATURE   AT WORK   MORK
ACTUAL SIGNATURE
ACTUAL SIGNATURE   SIGNATURE   SIGNATURE   SYNAME (Type)   Werner U. Spitz, M.D.   ASSOCIATE MEDICAL EXAMINER   12/16/
ACTUAL SIGNATURE EXAMINER'S NAME (Type)   Werner U. Spitz, M.D.
ACTUAL SIGNATURE   SIGNATURE   SIGNATURE   SYNAME (Type)   Werner U. Spitz, M.D.   ASSOCIATE MEDICAL EXAMINER   12/16/
ACTUAL SIGNATURE   SIGNATURE   STAMINER
ACTUAL   SIGNATURE   SIGNATURE   SIGNATURE   STAMINER
ACTUAL SIGNATURE   SIGNATURE   STAMINER



1	BALTIMORE CIT	Y HEALTH DEPARTMENT REG. NO. 68-12741
B 1.	GIRTH NO. 68-12741 CERTIFICA	ATE OF DEATH
1.	NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
	Figueroe, Mary	12-16-68 9:30 p. M.
3	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
١,	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland ( ()
F	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. UNSIDE CITY LIMITS?
ľ,	20 TIOVICENT TOSPICAL	Baltimore YES X NO
-	37 1514 Division Street	E. STREET AND NUMBER
	Baltimore, Maryland	2416 Stockton Street
5.	. SEX 6. RACE 7. MARRIED ALEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months; Doys   Hours   Min.
	Female Negro WIDOWED DIVORCED	7-20-06   lost birthdoy   Months Doys Hours Min.
11	0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
	lone during most of working life, even if retired)	Ma
	Clerk B and M Food Market	, O, D, 46,
1:	3. FATHER'S NAME Morris Jordon	14. MOTHER'S MAIDEN NAME Helen Jones
	MOTITS OUT DOIL	Heren cones
13	S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	Ves, no or unknown) (If yes, give wor or doles of service)  \$\int 218038920\$	Bettye Cook (Daughter)
_	CALLET OF DEAL	
	heart failure, osthenio, etc. It means the disease,	USE Carcliae arrest A CONSEQUENCE OF:
	injury or complication which caused death.)	ripachiotic heart disease
	ANTECEDENT CAUSES (B)	S A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the obove couse (A) stoling the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
	420,0 11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U   21 A. ACCIDENT WAS UNDERLYING     21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)  office bldg., INJURY OCCUR?
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.)  While At Not Wh Work  Not Wh	
	22. I certify that (1) (this haspital) attended the deceased from	12-16-68 19 to 12-16-68 19
		19and that in(my) (aur) apinion death accurred an the date
	ond hour and from Ae couses stated above. (1) (We) (did) (did nat)	
	23A. SIGNATURE	238. DATE SIGNED
	Villugues. At	rending Med. Staff To 12-18-68

DINGS CONSIDERED ity, give exoct location) 6-68 n death accurred an the date B. DATE SIGNED 12-18-68 Provident Hospital deceased prior to written approval 23C. PHYSICIAN 1514 Division Street - Baltimore, Maryland AWIZARES 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) Baltimore, Maryland 1348 Calhoun Street VS 150-REV. 1/1/68



W-25

## 68-12742 BALTIMORE CITY HEALTH DEPARTMENT

	) = _[	The state of the s		
	EDICAL	EV A MAINTEDIC	CERTIFICATE	OF DEATH
IV	IEDICAL	EVAMILIAEK 2	CEKTIFICATE	OF DEATH.

68-127	100	3
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BIRTH NO.								
I. NAME OF DECI	EASED			2. DATE Known	☐ Month	Doy	Yeor	Hour
(Type or Print)		TJAC	INIOTONI	OF	-			
	RGINIA		HINGTON	3. DATE	Month	nber 17,	Yeor	12:05 A.
FULL NAME OF				PRONOUNCED DEA	D			
HOSPITAL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				Dec emb	per 17,	1968	6:55 A.M.
OKINSIIIUIION				5. USUAL RESIDENCE A. STATE	(Where deceosed li	ved. If institution B, COUNTY	: residence b	efore odmission)
108	N. Payson St	reet		Marylar	ıd	B. COUNTY		5 /
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE OF	TY LIMITS?	
female	negro	WIDOWED		Baltin	nore		s X	
9. DATE OF BIRTH			Inder 1 Yr. If Under 24 Hrs.	E. STREET AND NUMB		YE	SLA	NO L
	lost birthd		oths   Doys   Hours   Min.	E. SIKEEI AND INDING	LK			
2-8-0				108 N. Pay	son Stree	et		
11. BIRTHPLACE (St	ote or foreign country)		CITIZEN OF	13. FATHER'S NAME				
N C			WHAT COUNTRY?	James M	orris			
				15. MOTHER'S MAIDEN				
done during most of we	orking life, even if retired)			Adall				
14 WAS DECEASE	D EVED IN H C ADME	D FORCES	II7 SOCIAL	Adell		AF	DDECC	
(Yes, no or unknown)	DEVER IN U.S. ARME (If yes, give wor or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFORMANT		AL	DDRESS	
no				John Wash	ington		same	
19.	1. 500		CAUSE OF DEA	TH				PROXIMATE INTERVAL
DISTAGE	0						PETANI	EN ONSET AND DEATH
	OR CONDITION DIRI	CTLY	Fatty Li					
	t meon the mode of d	vina e a	(A)IMMEDIATE	AUSE				****
heort foilure,	osthenio, etc. It meons th	e diseose,	DUE TO, OK	AS A CONSEQUENCE OF:				
injury or com	plication which coused de	oth.)						
AN	TECEDENT CAUSES		(p)					
	R CONDITIONS, IF AN	Y, GIVING	(B) DUE TO, OR	AS A CONSEQUENCE OF				
RISE TO THE	ABOVE CAUSE (A) STA	ATING THE						
Z	O CONDITION LAST.		(C)					
F 3-81.0	) 11							
OTHER SIGNI	FICANT CONDITIONS C							
DISEASE OR	CONDITION GIVEN IN							
OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF	OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED			21. AUTO	PSY? (Yes or No)
0	AP							37 -
₹ 22A. EXTERN	VAL CAUSE WAS	1228	DIACE OF INITIDAL	in or obout 22C. WHERE	DID (IC: Patrima	City -i		No
O HNIDERLVING	OR CONTRIB-	hom	e, form, foctory, street, offic	e bldg., etc.) INJURY OCC	CUR?	ire City, give exo	ci roconon)	
UTING CAL	JSE OF DEATH.							
≥ 22D. TIME (/	Month) (Doy) (Yes	or) (Hour)	22E.INJURY OCCURRED	22F. HOW D	ID INJURY OCC	UR?		
(APPROX.)		_		WHILE O				
23.			WORK CO ATT	JOHN D				
l certi	fy that I held an	Inquiry	Inspection X Au	tapsy and that	an this basis,	death in my	apinian	
						,	_	
	ed framt Natural ca	uses (A)	Suicio			ined manner L		
Tesoni		110	21	CHIEF MEDI	CAL EXAMINER	RT-		DATE SIGNED
	11/2/10		ANI J	ASSISTANT MED	ICAL EXAMINER	X		
ACTUAL	RE WYW	7nx	74 M.D	).				
ACTUAL SIGNATU EXAMINE	R's Werne:	r U. Spi	tz, M.D.	ASSOCIATE MED				12/17/68
ACTUAL SIGNATU EXAMINE NAME (T)	R'S Werne: (pe) (ATION, 248. DATE		tz, M.D.	ASSOCIATE MED			, or county)	12/17/68
ACTUAL SIGN ATU EXAMINE NAME (T)	R'S Werne: (pe)  AATION, 24B. DATE (r)	2	tz, M.D.	ASSOCIATE MED	24D. LOCATION	City, town	, or county)	12/17/68 (Stote)
ACTUAL SIGNATU EXAMINE NAME (Ty 24A. BURIAL CREM REMOVAL (Specify	R'S Werne: (/pe) (ATION, 24B. DATE (/) (12-2)	1-68	tz, M.D.	associate med or crematory em. Pk.	24D. LOCATION Arbuti	City, town	, or county)	12/17/68 (Stote)
ACTUAL SIGNATU EXAMINE NAME (T)  24A. BURIAL CREM REMOVAL (Specify Burial	R'S Werne: (/pe) (ATION, 24B. DATE (/) (12-2)	1-68	tz, M.D.  4c. NAME of CEMETERY  Arbutus M	ASSOCIATE MED	24D. LOCATION Arbuti	City, town us Ma	o, or county)  rylar  poress	12/17/68 (Stote)

SHIP NEEDS ... USL materials and the second of th and the state of t

## 68-12743 BALTIMORE CITY HEALTH DEPARTMENT

6	8	-	4	2	7	j	5

BIR	TH NO.	74122	ICAL	LAAMIII ALK 5 C	REG. NO.
1. 1	NAME OF DEC	EASED			2. DATE Known Month Doy Yeor Hour
MARY L. JONES					OF DEATH Estimoted X December 16, 1968
_		TIMORE, MARYLAND, V			3. DATE Month Doy Year Hoyr
HOS	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	PRONOUNCED DEAD December 16, 1968 7:15 P.M.
C		Insor Street		14,147	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY  Maryland
6. 5		7. RACE	B. MARRII	D NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	female	negro	WIDOWI		Baltimore YESX NO
	ATE OF BIRTH	IIO AGE (	D VOOR	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
-	-11-33	lost birthda	5	Aonths, Doys, Hours, Min.	1825 Ensor Street
11.		tote or foreign country)	1	2. CITIZEN OF	13. FATHER'S NAME
	S.C.	•		WHAT COUNTRY?	Thomas Lloyd
44.	USUAL OCCUP	PATION (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
1011€	e auring most of w	orking life, even if retired)			Martha Bredmen
16.	WAS DECEASE	D EVER IN U.S. ARMEI	D FORCES?	17. SOCIAL	18. INFORMANT ADDRESS
	no or unknown) NO	(If yes, give wor or dotes	of service)	SECURITY NO.	Martha Braxton 1215 Winchester St
_	19.	114		CAUSE OF DEA	<u> </u>
	59	661		0.1001 0, 017	BETWEEN ONSET AND DEATH
ı		E OR CONDITION DIRE	CTLY	Stab Wou	ands to Chest and Neck
		LEADING TO DEATH		(A) IMMEDIATE C	AUSE
	heort foilure,	ot meon the mode of di osthenio, etc. It meons the	e diseose,	DUE TO, OR A	AS A CONSEQUENCE OF:
	injury or com	plication which coused de	oth.)		
	AN	NTECEDENT CAUSES		/p)	
	DISEASES C	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:
		ABOVE CAUSE (A) STA	TING THE		
8		V		(C)	
CERTIFICATION		II IFICANT CONDITIONS C			
표		ATH BUT NOT RELATED TO CONDITION GIVEN IN P			
FRT	20A. DATE OF	OPERATION 20B. CO	NDITION F	OR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
ᄗ	2				Yes
7	22A. EXTERN	VAL CAUSE WAS	2	2B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
EDIC		OR CONTRIB-	h		e bldg., etc.) INJURY OCCUR?
		USE OF DEATH.  Month) (Doy) (Yeo	(Hour)	home of friend	1819 Ensor Street 7 - 7
	OF INJURY			WHILE AT - NOT	WHILE
	(APPROX.) 7	:00 P.M. 12/	16/68	n. WORK AT W	subj. was stabbed by husband
	1 certi	ify that I held on I	Inquiry _	Inspection Au	topsy 🛮 ond that on this basis, death in my apinion
	result	ed from: Notural cou	uses 🗍	Accident Suicid	
			1		CHIEF MEDICAL EXAMINER
	ACTUAL	111047114	1/27	The -	ASSISTANT MEDICAL EXAMINER X
	SIGNATU		1//	M.D	10/17/69
	EXAMINE NAME (T	ype) werner (	J. Spil		
	A. BURIAL CREM MOVAL (Specif			24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial	12-20-		Mt. Olivet	
254	A. DATE REC'D	BY HEALTH DEPT.	A All	ME OF REGISTRAR	25C. FUNERAL DIRECTOR V, R. Bailadgress
		DEC 19 196	g 050	but & dading	2 Relson F.H. 1348 Calhoun St.
			-		

Straid second of the The court of the c

, A	On.	( 8 / 8	BALT	IMORE	CITY	HEAL	.TH	DEP/	ART	MEN	T
-	6.1	00	0==		-		0				

0	Ö	Minds.	1	2	1	13

BIRTH NO.	6	8-12/	CERTIFICA	TE OF DEATH	REG. I	NO. 00-12747		
Type or Print)					AND HOUR OF	DEATH		
Type or Fillin	Layton, An	nie		12	2-13-68	9:30 p. M		
FULL NAME OF	TIMORE, MARYLAND, W	AL OR INSTITU	JNCED DEAD JNON, GIVE STREET	A. STATE B. COL	nere deceased liv	ed. If institution: residence before odmission)		
HOSPITAL OR	ADDRESS OR LOCA			C. CITY OR TOWN		D. INSIDE CITY LIMITS?		
39	Provident Hos			Baltimore		YES 🛣 NO		
9 /	1514 Division Baltimore, Ma			E. STREET AND NUMBER 2007 Druid	Hill Ave	ทแอ		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yes	ors If Under 1 Yr If Under 24 Hrs		
Female	Negro	WIDOWED	= =	3-12-86	lost birthday)	Months Doys Hours Min.		
A. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY		
	working life, even if retired)					The second on		
Unempl		?		Virginia U. S. A.				
				Jane Smith				
MODU.	Coleman							
. Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANTMIS. V	Tiola How	ard (Daughter)		
	, , , , , , , , , , , , , , , , , , , ,		219-30-8442	2007 Bruid Hi				
18.	1 (4		CAUSE OF DEATH		rii waann	APPROXIMATE INTERVAL		
rise lo Ih UN DERLYIN OTHER SIGN TO THE DEA	OR CONDITIONS, if e above cause (A) G CONDITION last.	sloting the  NTRIBUTING HE TERMINAL	(c)	A CONSEQUENCE OF:				
	OPERATION GIVEN IN PAR 198. CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in	Boltimore City, give exact location)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)		INJURY OCCURRED  Ile At Not While At Work	21F. HOW DID IN	JURY OCCUR?	112 848		
that (I) (we	last saw the decease	d alive an		19and	that in(my) (a	ur) apinian death accurred an the dat		
23A, SIGNATI		en andva. (I	/ \e/ (did/ (did nat) V	iew the bady after death	•	23B. DATE SIGNED		
30000	N/1/			nding Med.	Staff Phys.	12-14-68		
A BURIAL CRE	BERTO . MATION, 248. DATE	CA WIZ		23D. ADDRESS Provi L514 Division S	dent Hos			
REMOVAL		60 -	T- T-	773	Laurel	, Maryland		
Buria SA. DATE REC'E		25B. NAME Q	arver Mem.	25C FUNERAL DIRECTO	TAUT CT	Bailey Address		
DAIL REGE		68 R.	1 2 dayley	Relson F	H. 13	48 Calhoun St.		

VS 150-REV. 1/1/68



VS 150-REV. 1/



IMPORTANT FUNERAL DIRECTOR:

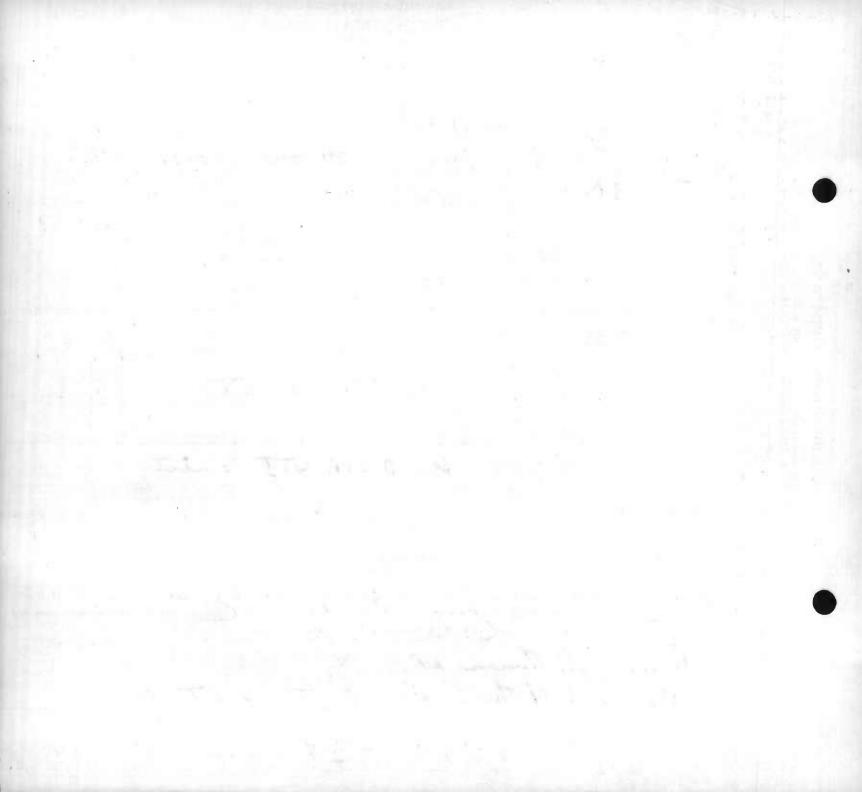
VS 150-REV. 1/1/68

ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDI	CITY LIMITS?
imore City Hospitals		YES X NO
Eastern Ave.	E. STREET AND NUMBER	162
imore, Maryland 21224	706 North Brune St.	
RACE 7- MARRIED NEVER MARRIED	The state of the s	If Under 1 Yr. , If Under 24 Hrs.
MARKIED NEVER MARKIED	last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Negro WIDOWED X DIVORCED TION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	J 6-6-08   60   RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ing life, even if retired)	Md.	
		USA
illiams	Georianna Hardges	
er in U. S. Armed Farces? yes, give war ar dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
JECONIII NO.	Baltimore City Hospi BCH Records 4940 Eastern A	
CAUSE OF DE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DR CONDITION DIRECTLY	C 1 2 2 4 4 1 A	
mean the made of dying, e.g.,  (A)IMMEDIATE C	AS A CONSEQUENCE OF:	toes 1
henia, etc. It means the disease, action which caused death.)	AS A CONSEQUENCE OF.	
ECEDENT CAUSES	A 1 C	
(B)	seminated Carcinom	2
CONDITIONS, if any, giving DUE TO, OR stating the	AS A CONSEQUENCE OF:	
ONDITION last. (C)		
/ 11		
NT CONDITIONS CONTRIBUTING UT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1 (A).		
ERATION 198. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIR	IDINGS CONSIDERED
8 Intractable Pair	IN CERTIFYING CAUS	ES OF DEATH?
WAS UNDERLYING 21B. PLACE OF INJURY (e.g	g, in ar about 21 C. WHERE DID (If in Saltimare	City, give exact lacotian)
home, farm, foctory, street, etc.)	affice bldg., INJURY OCCUR?	
anth) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not W	/hile —	
Wark L At Wa	. 1	
t (1) (this hospital) attended the deceased from	1968 to	10/12/19 68,
t saw the deceased alive on	a 11519 68 and that in(my) (aur) apini	an death occurred an the dote
om the causes stated above. (I) (We) (did) (did not	) view the body ofter deoth.	
- 5 6 1		3B. DATE SIGNED
I considere machines	Attending Med. Staff Phys.	12/14/68
DEGREE	23 D. ADDRESS	14/1400
enevieve MacDonald MD	BCH 4940 Eastern Ave Balti	more, Maryland #24
TION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City,	town, ar county) (State)
12.10 68 Mt Aubum	Com Roll Ma	
12-19-68 Mt. Auburn HEALTH DEPT. 25B. NAME OF REGISTERS	Cem. Balt. Md. 755C. Tynerat Direction V. R. Ball.	ey ADDRESS
EC 19 1968 P. O. AP 2 Staller	Kelson F.H. 1348 N. C.	
and and an analy		Y

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



68-12748BALTIMORE CITY HEALTH DEPARTMENT

			MED	ICAL	. EX	AMINER'S	CERTIF	ICA.	TE OF	DEA	TH REG. 1	NO	8-	127	18
1. 1	NAME OF DEC		MARK E.	GAR	DINE	ER	2. DATE OF		own 🗆	Month	Doy	Y	eor	Hour	
FUL	PLACE IN BALT					JNCED DEAD N, GIVE STREET	3. DATE PRONG		D DEAD	Month Decem	Doy ber 14		eor B	Hour 4:20	м. А •м.
OR (	O O		st Conw				5. USUAL A. STATE	RESIDEI		re deceosed	lived. If instit B. COUN		ence be	fore odmis	sion)
6. 5	Male	7. RACE	gro	B. MARR		NEVER MARRIED		R TOWN			D. INSID	YES X	1		
	ATE OF BIRTH		10. AGE (In lost bit did		If Und	er 1 Yr. If Under 24 Hr s Doys Hours Mi	s. E. STREET	AND N		ma		į 123 <u>(A.)</u>			
11.	BIRTHPLACE (S		on country)		W	TIZEN OF	13. FATHE	r's Na otti	ме Le Ga	rdner		£		C 9.5	a
don	e during most of w	orking life, ev	en if retired)			JSINESS OR INDUST	RY 15. MOTH Ha	er's ma zel	Mitc	ME					
16. (Ye:	WAS DECEASI , no or unknown) NO	ED EVER IN (If yes, give	wor or dotes of	FORCES of service	)	17. SOCIAL SECURITY NO. 218424312	IB. INFO	zel	Gard	ner	sa	addres me		ROXIMATE IN	
CATION	AN DISEASES C RISE TO THE UNDERLYIN	osthenio, etc plicotion whi NTECEDENT DR CONDITI ABOVE CA IG CONDIT	ONS, IF ANY, USE (A) STAT ION LAST.	GIVING	TING	(B)	R AS A CONSE								
L CERTIFICATION	DISEASE OR	CONDITION	RELATED TO GIVEN IN PA N 208. CON	RT 1 (A)	•	HICH OPERATION	WAS PERFOR	MED				21. 4		SY? (Yes o	r No)
MEDICAL	UNDERLYING UTING CA 22D. TIME ( OF INJURY (APPROX.)	USE OF DEA	ITRIB-	) (Hou	r) 22E		fice bldg., etc.)	INJURY	OCCUR?	(If in Boltim		e exoct loco	tion)		
		JRE CI	latural caus	J.	A.	cident Suic	.D. AS:	łamicio CHIEF SISTANT	MEDICAL			er 🗌	ſ	DATE SIGN	
RE	BURIAL CREA MOVAL (Specif Burial	AATION,	12-20	-68	24C.	NAME of CEMETER	777		240	Balt		town, or co	ounty) Md	(Stot	e)
25	A. DATE REC'D	-	DEPT. 19 19 (			F REGISTRAR	77		n F.	TOR V. R				treet	5
	/ . /														

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5-530

68-12749 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10 THE 8 AT	68-	1		1	ä	9	
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or HELEN Smallwood SMITH	DEATH Estimoted & December 17, 1908
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 17, 1968 5:32 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
3 9 Provident Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female negro widowed Divorced	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In yeors of Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months, Doys, Hours, Min.	E. STREET AND NUMBER 412 Oxford Court
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Md. WHAT COUNTRY?	Augustus Smallwood
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
	Nellie McGudden
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
NO 216-07-0392	the mallwood 2917 Parkwood
CAUSE OF DEA	BETWEEN ONSET AND DEATH
LEADING TO DEATH	sclerotic Cardiovascular Disease
(This does not mean the made of dying, e.g.,	CAUSE  AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	
ANITECEDENIT CALICES	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	X
ODES IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Obesit DO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Obesit DO TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
- Q	
228. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. LITING CAUSE OF DEATH.  229. TIME (Month) (Day) (Year) (Hour) 122E INJURY OCCURRED	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) be bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOWDID INJURY OCCUR?
(APPROX) WHILE AI NOT	WHILE VORK
23.	
	tapsy and that an this basis, death in my opinian
resulted from: Natural causes X Accident Suici	de   Hamicide   Undetermined manner   CHIEF MEDICAL EXAMINER
ACTUAL MILMAN STATES	ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S Werner U. Spitz, M.D.	12/17/68
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER   12/17/00
24A, BURIAL CREMATION.   248, DATE   24C, NAME of CEMETERY	ar CREMATORY 24D, LOCATION (City, town, or county) (State)
BURIOT 12-21-68 Mt. Auhu	en Cem. Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTORY, R. Bailey ADDRESS
DEC 191968 R. D. B. 28 Falley A.	2 Kelson F. D. 1348 N. Calhoun St.

hoobellood

0P-81-B

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U.S.A. Augustus Smallwood Nellie He Gudden AMERICAN SHEET SMALLWOOD 2917 MAKEN

the deal to the season of the property

Bueigl 10-21-68 Mil Adougn Com. Palto. Nd.
Kebell, E. Belleville Collected St.



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68-12751 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6	8-	1	2	7	5	-0.00
		military i	~~	16 1	- 3	84

BIRTH NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WATER O	JEI(1111	0, 1, 1 0,		REG. NO.			11
1. NAME OF DECEASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print)	DORIS G	AMBIL	L	DEATH	Estimoted					M.
4. PLACE IN BALTIMORE, MA	RYLAND, WHE	RE PRONG	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	141.
			ON, GIVE STREET		UNCED DEAD			1000	7.50	-
HOSPITAL ADDRE	SS OR LOCATION	N)	1 to 1				per 13,		7:50	
OR INSTITUTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	्रवे लंड		A. STATE	RESIDENCE (When		ed. If institution  B. COUNTY	n: residence	e before odmi	ision)
00 817 N.	Payson S	treet			Maryland		B. COUNTY			
6. SEX 7. RACE			NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS	?	_
N					D-14:		//	- 07	06	/
Female Neg		IDOWED			Baltimore		LY	<b>3</b> K	NO LIT	
9. DATE OF BIRTH	lost birthdoy)	Mon	nder 1 Yr. if Under 24 Hrs. ths , Doys , Hours , Min.	1.					a de la companya de l	
3-26-1917	51	4	gt. 194. 1 1	817	N. Payson	St.				
11. BIRTHPLACE (State or foreig	in country)		CITIZEN OF	13. FATHER	'S NAME					
Baltimore, Mar	vland	'	WHAT COUNTRY?	Ken	nard Will	iams				
14A.USUAL OCCUPATION (Giv										
done during most of working life, ev	en if retired)			-						
Teacher			Schools		ce Bagley					
16. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give v	U.S. ARMED FO	PRCES?	17. SOCIAL SECURITY NO.	IB. INFOR	MANT		A	DDRESS		
No	voi or goles or se	ervice)	214-40-4193	Texa	na Ellis					
19. 17. 0			CAUSE OF DEA	TH					APPROXIMATE IN	
1785 X 1					100			BE	TWEEN ONSET A	ND DEATH
DISEASE OR COND	ITION DIRECTLY	4				- 1				
LEADING TO	DEATH		(ANIMMEDIATE (	CALISE ACI	ite bronch	opneum	onia			
(This does not meon the	mode of dying,	e.g.,	DUE TO, OR	AS A CONSE	ite bronch					
heort foilure, osthenio, etc injury or complication which	. It meons the disc chicoused death.)	eose,			L	1				
	,					6/				
ANTECEDENT	CAUSES		(B)							
DISEASES OR CONDITIE			DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE ABOVE CA		G THE						- 1		
Z	Off CASI.		(C)		· · · · · · · · · · · · · · · · · · ·					
H91X	II						3-25			
OTHER SIGNIFICANT CON	NOTIONS CONT	RIBUTING								
DISEASE OR CONDITION										
OTHER SIGNIFICANT CONTO THE DEATH BUT NOT DISEASE OR CONDITION 20A. DATE OF OPERATION	V 20B. CONDI	TION FOR	WHICH OPERATION W	AS PERFORI	MED			21. AU1	OPSY? (Yes	or No)
0 1									Voc	
22A. EXTERNAL CAUSE	JA/A C	loop	PLACE OF INJURY(e.g.,	in on obsut	22C WHERE DID	/II in Polition	o City sive sw	not Invotion	Yes	
O UNIDERWINIGHT OR CON		hom o	e, form, foctory, street, office	e bldg., etc.)	INJURY OCCUR?	(if in boitimo	re City, give ex	oci loconon	)	
UTING CAUSE OF DEA										
22D. TIME (Month) (C	Ooy) (Year)	(Hour) 2	2E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCI	JR?			
OF INJURY (APPROX.)				WHILE						
23.		m.\	WORK AT V	VORK						
	-14 1		Income III	· · · · · · · · · · ·	and show	4hin h-ni-	double !			
I certify that I h	eid on Inqu			itop sy X	and that on					
resulted from: N	oturol couses	A XX	cident Suici	de 🗌 🛮 H	omicide 🔲	Undetermi	ned monner			
1	1 0		1)	_	CHIEF MEDICAL	EXAMINER				
ACTUAL /	/ · X	1	1-21		ISTANT MEDICAL		X		DATE SIG	NED
ACIDAL		1.	MI	). A33	ISTAIN MEDICAL		EAJ			
SIGNATURE	and !		11							
SIGNATURE	Charles S	. Spr	ingate, M.D.	ASS	OCIATE MEDICAL	EXAMINER	□ Dec	cember	r 14, 1	968
SIGNATURE EXAMINER'S (NAME (Type)							615-27915			
SIGNATURE EXAMINER'S (NAME (Type)	24B. DATE	24	C. NAME of CEMETERY	or CREMAT	ORY 248	LOCATION	615-27915	n, or coun		
SIGNATURE EXAMINER'S (NAME (Type)		24		or CREMAT	ORY 248	. LOCATION	(City, tow	n, or coun	ty) (Sto	
SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)	12-17-68	24	Arbutus Memo	or CREMAT	ory 7 248	LOCATION Baltimo	(City, tow	n, or coun	ty) (Sto	
SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  25A. DATE REC'D BY HEALTH	12-17-68 DEPT. 2	24 3 1 25B. NAME	Arbutus lemo	or CREMAT	ORY 7 248 TUNERAL DIRECT	LOCATION Baltimo	(City, tow	n, or coun	ty) (Sta	
SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  25A. DATE REC'D BY HEALTH	12-17-68	24 3 1 25B. NAME	Arbutus Memo	or CREMAT	ory 7 248	LOCATION Baltimo	(City, tow	n, or coun	ty) (Sta	

a neval Aug . PERMITTED S. MINTELLES 

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68-12752 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGILE

68-12752

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) WILLIAM Δ LINDSAY	DEATH Estimoted X December 16, 1968 3:00 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	December 16, 1968 8:30 A _M .
0 1655 Carswell St. (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY  Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED   NEVER MARKIED	9-113
male negro WIDOWED DIVORCED	Baltimore YES K NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months, Doys, Hours, Min.	E. STREET AND NUMBER
9-27-04	1442 Harford Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Leaksville, N. Carolina U.S.A.	Columbus
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	
Laborer	Harriett Aikens
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
yes W.W.I 073-24-4511	Grace Jenkins 1442 Harford Ave. 21202
19. 4 V CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
/ * 6	
LEADING TO DEATH	ral Pneumonia
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
injury of complication which coused death.	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
E 490 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
6 STABLESTING ON CONTINUE	ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY NO	T WHILE -
m. WORK AT	WORK L
23.	. 🔻 14 . 4. 1 . 1 . 1
	and that on this bosis, death in my opinion
resulted from: Notural couses K Accident Suici	de U Homicide Undetermined manner U
1110 M 1 (SN)-	CHIEF MEDICAL EXAMINER
ACTUAL CONTROL OF THE	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M. P. P. P. S. S. M. D. M. S. S. M. D. M. S. S. M. D. S. S. M. D. S. S. S. M. D. S. S. S. S. M. D. S.	ASSOCIATE MEDICAL EXAMINER 12/16/68
NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12-20-68 Baltimore N	Mational Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harfor APDASSe. 21213
DEC 19 1968 Read 28 Falley	) Marshall N. Jones, Jr.
The man in a large of the control of	Z rigitalidit (). conca, or.



VS 150-REV. 1/1/6B

п	CO 40050 BALTIMORE CITY	Y HEALTH DEPARTMENT								
	68-12753 CERTIFICA	ATE OF DEATH REG. NO. 68-12753								
1	BIRTH NO.									
1	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH								
	M. Josephine Cole	Dec. 17, 1968 130 P	M.							
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY	Sn)							
-	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	1							
1	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	1							
.	44 _	Baltimore YES NO								
4	Union Memorial Hospital - DOA	E. STREET AND NUMBER								
	99	106 W. University Pkwy. Apt. 4H								
1	S. SER 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24								
	F WIDOWED DIVORCED	9/17/1898   lost birthdoy)   Months Doys Hours   Mir	i.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	TRY?							
	done during most of working life, even if retired) Univ.									
	Retired Secretary   Johns Hopkins	Tenn. U.S.A.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
1	Charles Thomas Cole	Mattie H. Hill								
1	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS								
1	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.									
	No 220-30-2774									
1	18.4 7/X   CAUSE OF DEAT	Influenza with question of BETWEEN ONSET AND DE								
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	broncho-pneumonia								
ı	(A)IMMEDIATE CAUSE									
-1	hearl failure, asthenia, etc. It means the disease,									
ı	injury or complication which caused death.)									
1	ANTECEDENT CAUSES									
	DISEASES OR CONDITIONS, il any, giving  DUE TO, OR AS A CONSEQUENCE OF:									
	UNDERLYING CONDITION lost, (C)	rise to the obove couse (A) stating the								
	4860		_							
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL NONE									
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	WAS PERFORMED	No No								
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)								
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	omce blag., INJURY OCCUR!								
	21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
	S OF INJURY									
j	(APPROX.)  While At Work  Not While At Work									
1	22. I certify that (I) (this twenty) attended the deceased from De	ecember 9 1968 to December 17 196	8,							
	that (I) (we) last saw the deceased alive an December 16	1968 and that in(my) (50%) apinian death accurred an the	date							
	and haur and fram the causes stated abave. (1) (WE) (dtd) (did nat) v									
1	23A. SIGNATURE	23B, DATE SIGNED								
	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ending \( \tag{Med} \) \( \tag{Shift} \) \( \tag{Shift} \)								
	DEGREE Phy									
		23D. ADDRESS								
	NAME (Type) Dr. N. Crawford Kirkpatr	ick, Jr. 6 E. Eager St.								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	REMATORY 24D. LOCATION (City, town, or county) (State	e)							
		Roll time no								
	Cremation   12/19/68   Greenmount   25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Baltimore Md.								
	( ALD 18 1960 A C 94 A B. OCAS)	OHW. Jenkins & Sons Co. 4905 York Ro	. f							
- 1	A MANAGE AND A MAN	DET CO T C MO								



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68-12754

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	66	12/

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 3970	-				
1. NAME OF DECEASED			HOUR OF DEATH						
William William	Gordon Meek	December 16, 1968 7:30 A. M.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Mary land	D. INSI	IDE CITY LIMITS?					
604 N. Bould	in St.	Baltimore E. STREET AND NUMBER 604 N. Bould	ding St.	YES NO					
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under Manths Days Hours	r 24 Hrs.				
	WED DIVORCED	2/27/1898	70	Ividinis, Days Haurs	JVIIII.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN OF WHAT	COUNTRY?				
	onfectionary	Baltimore,	Md.	U.S.A.					
13. FATHER'S NAME	Jan	14. MOTHER'S MAIDEN NAM		0 00 0 111					
Charles O. Meek		Isabel K	irk						
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war ar dates af serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
No		Mrs.Ida M.Mee	ek (S	Same)					
18.7 62.1	CAUSE OF DEATH			APPROXIMATE IN					
DISEASE OR CONDITION DIRECTLY			. 7	DETWEEN ONSET A	IND DEATH				
LEADING TO DEATH	(A) IMMEDIATE CAU		NO Mato	111					
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:							
injury ar camplication which caused death.)			0.06	A. a.c.	= 1				
ANTECEDENT CAUSES	(B) Ca	A CONSEQUENCE OF:	Sept	Viciny					
DISEASES OR CONDITIONS, if any, grise to the abave cause (A) slaling UNDERLYING CONDITION last.	iving DUE 10, OK AS	A CONSEQUENCE OF:							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimar	e City, give exocl lacation)					
21D. TIME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?						
≥ (A PPROX.)	While At Wark  Not While At Work								
22. I certify that (I) (this haspital) attended the deceased from 7/19/06 19 to /11/6/66 19									
that (I) (we) lost sow the deceased alive	on //////6	f19ond the	t in(my) (our) api	nian death occurred an	the date				
and haur and fram the causes stated abo	ve. (I) (We) (did) (did nat) v	iew the bady ofter death.	Contraction of the Contraction o						
23A. SIGNATURE				23B. DATE SIGNED	-				
. Posil	Atte Phys	nding Med.	Stoff Phys.	12/16/61					
23C. PHYSICIAN'S	DE GREE	23D. ADDRESS	•						
NAME (Type) Dr. Louis	Vogel /	2601 E. Monur	ment St.						
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE			ity, tawn, ar caunty)	(State)				
Burial 12/19/68	Ponlarood	Dos	kville. H	301+060	M.A				
1	Parkwood Me of Redstran	289 FUNERAL DIRECTOR		Baltodo.,	Md				
DEC 19 1965 R.O.	ub E. FarkeyMA	H.W. Jenkins	& Sons (	6. 4905 Yor	k Rd.				



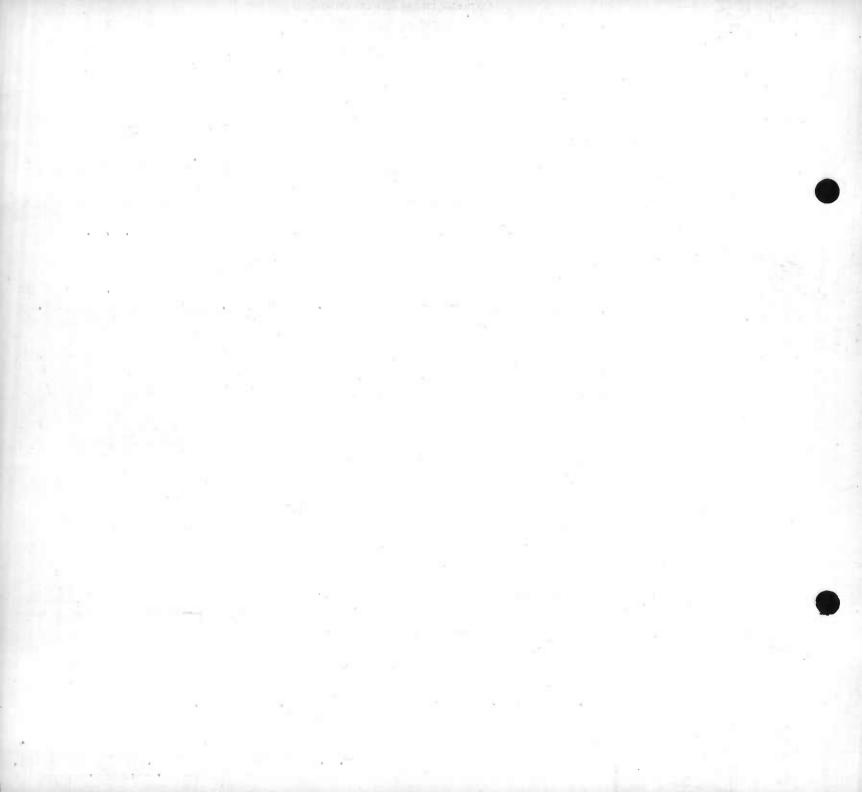
=	-524	BALTIMORE CITY HEALTH DEPARTMENT
		BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 68-12755
	and eath ased the Such	BIRTH NO.*  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
	S	(Type or Print) Flora L. Engle Dec. 16, 1968   O M.
	ita Secondary th.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence defore admission)
	hospi ise o (5) D ance deat	3/2
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	l in a h ng cau cause; attende	Do 7 to many 07 07 D
	ng cau atte	Long Green Nursing Home  E. STREET AND NUMBER
	O L .	5659 Purdue Ave.
	2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	trib min gul	F WIDOWED DIVORCED 12/3/1897 Iost birthdoy Months Doys Hours Min.
	ocntion is reg	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ded dec	done during most of working life, even if retired)  Clerk  Post Office  Md.  U.S.A.
	de Un de	13. FATHER'S NAME
	rect (4) we the	George W. Engle Harriet Brenneman
IMPORTANT	5 2 2 5 5	
	_ ~ ~ ~ ~ ~	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
	sista the kinc dea nce final	No 217-38-2729 Miss Olive G. Engle (Same)
ō	if if if if if if if if if if	18. 43 A PPROXIMATE INTERVAL
9	den to	DISEASE OF CONDITION DIRECTLY
••	Als Als me me	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  DUE TO OR AS A CONSEQUENCE OF:
	2 - 20 - 2	heort foilure, osthenio, etc. It meons the diseose,
ECTOR	ine act act mb	injury or complication which caused death.)
H	A fr	ANTECEDENT CAUSES  (B)  DISFASES OR CONDITIONS if any giving DUE TO, OR AS A CONSEQUENCE OF:
E	XXX	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIR	al e an in	UNDERLYING CONDITION Iosi. (C)
	dical dical dical diras; (; sician was ii mains	- 33/X II
A	medica hedica burns; hysici in was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	TE > C.D o	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERA	hie od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	he c by (2) B re t phy fore	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	by the price of th	O .
	hosp natu rept d (6) aine	OF INJURY
	n n n n n n n n n n n n n n n n n n n	TAPPROX.) Work At Work
	the the an	22. I certify that (I) (this hospital) attended the deceased from 19 6 to 19 6 ,
	0000	that (1) (was) last sow the deceased alive an 1960 and that in (my) (own) opinion death accurred on the date
	97 + + -	ond how and from the couses stated above (1) (We) (did not) view the bady ofter deoth.
	eased to ident of hospital by death)	23A. SIGNATURE 23B. DATE SIGNED
	2 0 .= 6 0	Attending Med. Staff Director Phys. Director Phys. Director 12-17-68
		23C. PHYSICIAN'S 23D. ADDRESS
	was r An a L at o prior	Dr. william G. Helirian 5000 Roland Ave.
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	L 70 0 0 C	Rinrial 12/20/68 Bittinger Lutheran Bittinger, Garrett Co., Md.
	This certhe bod shows: (was D.C decease	Burial 12/20/68 Bittinger Lutheran Bittinger, Garrett Co., Md.
	the the sho wa	H.W. Jenkins & Sons Co. 4905 York Rd.
	,	Balto 12, Md



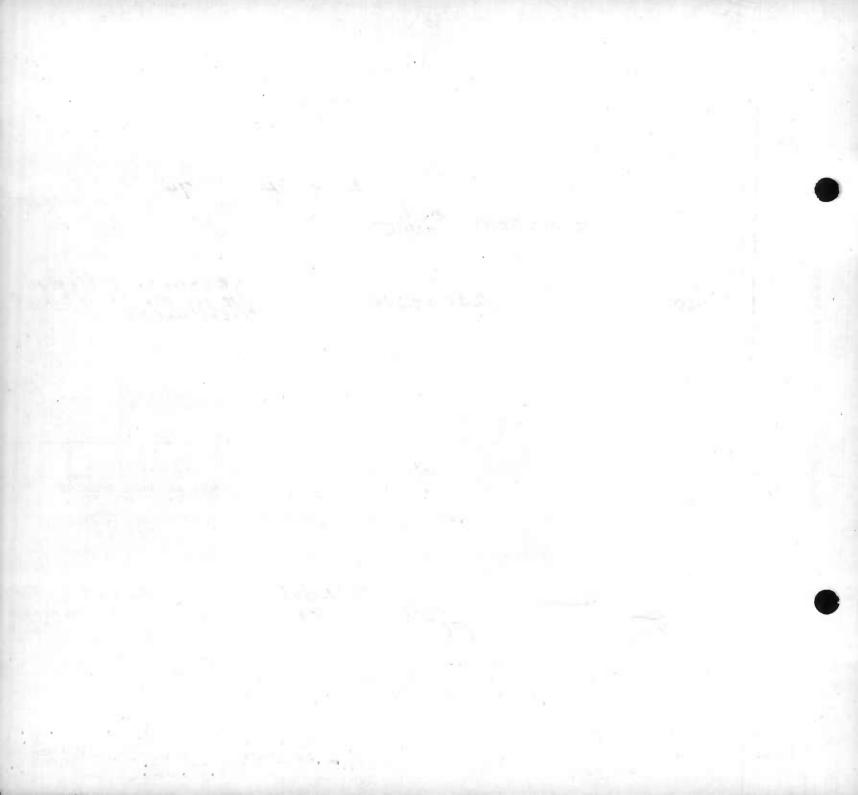
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	3	A	ď	Q	pF
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9	000	S	Ö	OS	en
S	þ	3	S	Ce	ŧ
Thi	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🏲	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Roberta December 16,1968 Ora Taylor 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION YES X NO Baltimore Long Green Nursing Home E. STREET AND NUMBER 5646 Midwood Ave. S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours ! Min. MARRIED NEVER MARRIED Months Doys Hours F 2/26/1887 DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) Saleslady Furnishings U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Taylor Ella Larmor 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT 829 E. Belvedere (Yes, no or unknown) (If yes, give wor or dates al service) SECURITY NO. No 216-09-5170A Mrs.Raymond J. Shepherd BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart loilure, osthenio, etc. It means the disease, injury or complication which caused death.) eriuscherosis ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoting the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSKY (Ves or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Bottimore City, give exact location) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Yeor) OF INJURY Not While While At (APPROX.) At Work 22. I certify that (1) (this hospital) ottended the deceased from December 15 19 68 that (1) (we) last sow the deceased alive an and that in (my) (sor) opinion death occurred an the date ond hour ond from the causes stoted above. (1) (We) (did nat) view the bady after death. 23B, DATE SIGNED Attending 1 Staff 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. Frank J. Supplee DEGREE 1010 St. Paul St. 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

Methodist Tvaskin Md. 250. FUNERAL DIRECTOR H.W. Jenkins 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Jenkins VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT



Such

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (Stote) 24C. NAME of CEMETERY of CREMATORY (City, town, or county) Balto Co Md.

ADDRESS

Co 4905 York Rd. 68 Lorraine
25B. NAME OF REGISTRAR 12/20/ Burial Woodlawn

| 25C. FUNEBAL PIRECTOR

| Haw Jenkins & Son Park Sons 9 1968 VS 150-REV. 1/1/6B

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		BALTIMORE	CITY	HEALTH	<b>DEPARTMENT</b>
-4	2750				

REG. NO. 68-12760 12/00 CEDTIEICATE OF DEATH

BIRTH NO.	TE OF BEATTI								
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH								
Charlotte J Hanna	December 18.1968 7 M.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed fived, if institution: residence before odmission)  A. STATE  B. COUNTY								
ERATE FICE ANT TO BOSPITA ANTITUDIO DESCRIPTION	Maryland 27-07								
HOSPITAL OR ADDRESS OF LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
12/26/68	Baltimore YES NO NO								
00	E. STREET AND NUMBER								
2808 Fleetwood Ave	2808 Fleetwood Ave								
5. SEX FOMAL RACE 7. MARRIED NEVER MARRIED	P								
White WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr.   If Under 24 Hrs.   Months   Days   Hours   Min.   Min								
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY									
done during most of working life, even if retired)	The state of the s								
Retired School Teacher	Maryland U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
James Hanna	Mary Louise Seitz								
15. Was Deceased Ever in U. S. Armed Farces?  (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT ADDRESS								
220 111 0661									
No Page 1	Mrs Joseph Lynch Same								
heart failure, asthenia, etc. If means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving mise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF 121A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY (e.g., injury, foctory, street, of 121B. PLACE OF INJURY	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No)  10 4727.  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  10 10 10 10 10 10 10 10 10 10 10 10 10 1								
DEATH (notify medical examiner) etc.)									
21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
(APPROX.)  While At Work  At Work	e								
22. I certify that (!) (this heepital) attended the deceased fram	ug 10 - 1965 to Due 18 1968								
	that (I) (we) last saw the deceased alive an Deceased 1 19 0 and that in (my) (eur) opinion death accurred an the date								
and haur and fram the causes stated abave. (1) (We) (did) (did nat) v									
23A. SIGNATURE	anding Med. Staff \(\sigma\) 8 / C. 8								
DEGREE									
	23D. ADDRESS								
C J Sourcen In M D	4808 Harford Rd Baltimore, Maryland								
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	4808 Harford Rd Baltimore, Maryland  [EMATORY   24D. LOCATION   (City, Town, or county)   (Stote)								
REMOVAL (Specify)									
Burial 12/21/68 Oaklawn	Baltimore, Maryland								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RESISTRAL	Jeonard J Ruck Tree Baltimore Maryland								

Vs 153 Re Change of Sex and add. of Soc. Sec. No.

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VS 150-REV. 1/1/68

NAME OF DE	William D. I	3-12763 CERTIFICA	December 17,	1968   10;18 AM ,
PLACE IN BA		HERE PRONOUNCED DEAD  AL OR INSTITUTION, GIVE STREET (TION)		re Co 33 - 30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
31	Raltimore Ci	ty Hospital	Middle River E. STREET AND NUMBER  3812 Bayville Rd.	YES NOTE
sex Male	6. RACE White	7. MARRIED NEVER MARRIED NIVORCED	B. DATE OF BIRTH  Feb. 2, 1902  9. AGE (In years lost bythdoy)  66	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	CUPATION (Give kind of work for working life, even if retired) Engineer	Construction	11. BIRTHPLACE (State or foreign country)  Maryland	12, CITIZEN OF WHAT COUNTR
3. FATHER'S N.	hn Kucherer		14. MOTHER'S MAIDEN NAME Louise Skuhr	
5. Wos Deceose res, no or unknow No	d Ever in U.S. Armed For (n) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO. 212 07 1992	17. INFORMANT Lillian Kucherer Sa	ADDRESS MO
heart lailure	nal mean the made of c, asthenia, etc. It means implication which caused ANTECEDENT CAUSES		USE EXSAUGUINOTION A CONSEQUENCE OF:	> 1 & 1
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DISEASES rise to UN DERLYII  OTHER SIGN TO THE DE. DISEASE OR 19A. DATE (C) OR CONTRI	ANTECEDENT CAUSES  OR CONDITIONS, il he above cause (A) NG CONDITION last.  II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR DF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING BUTING CAUSE OF	ony, giving Stoting The  (C)  DUE TO, OR AS  (C)  NTRIBUTING HE TERMINAL I 1 (A).  DITION FOR WHICH OPERATION  PORMED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING IN OT OBOUT 21C. WHERE DID ffice bidg., INJURY OCCUR?  [8]	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
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DISEASES rise to UNDERLYII  OTHER SIGN TO THE DE. DISEASE OR 19A. DATE (  OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and haur a	ANTECEDENT CAUSES OR CONDITIONS, il he above cause (A) NG CONDITION last.  II FICANT CONDITION S CONTITIONS CONTITIONS CONTITION S CONTITION S CONTITION S CONTITION S CONTITION S CONTITION SIZE OF CONTITION SIZ	Ony, giving Stoting The DUE TO, OR AS DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING IN	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?  Oltimore City, give exoct location)  12/17 19 68  ) apinian death accurred an the death accurred and the death accurred accurred and the d

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68-12765 BALTIMORE CITY HEALTH DEPARTMENT

68-12765

MED	ICAL I	EXAMINER'S	CERTIFIC	ATE OF	DEAT	H REG NO.			00
BIRTH NO.			II					-	
1. NAME OF DECEASED (Type or Print)			2. DATE OF	Known	Month	Doy	Yeor	Hour	
BERTHA	М.	WIENER	DEATH	Estimoted 💢		ber 16,		3:00	P
4. PLACE IN BALTIMORE, MARYLAND, V			3. DATE	NICED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	PRONCO	NCED DEAD	Decemb	er 16,	1968	3:00	P
OR INSTITUTION				SIDENCE (Where					
Maryland General H			A. STATE Maryla			COUNTY		52-	00
6. SEX 7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE C	ITY LIMITS?		
female white	WIDOWED	DIVORCED .	Baltin	more		Y	ES X	NO 🗆	
9. DATE OF BIRTH 10. AGE (		Under 1 Yr. If Under 24 Hrs.	E. STREET AN	ND NUMBER		-			
9-8-1900 lost birthdo	68	onths Doys Hours Min.	52/ (	Clarraland	Dond	Linthi	oum Me	1 2100	20
11. BIRTHPLACE (State or foreign country)		CITIZEN OF	13. FATHER'S	Cleveland	Road	DIHCHIL	cum, M	1. ZIU:	10
		WHAT COUNTRY?			1 1				
Maryland 14A. USUAL OCCUPATION (Give kind of work	149 KIND O	U. D. M.		s Wienho					
done during most of working life, even if retired)	14b. KIND O	F BOSINESS OK INDUSIK	113. MOTHER	S MAIDEN NA	WE				
Homemaker			Marg	aret Hen	mann				
16. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give wor or dotes	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM	ANT		Α	DDRESS	2109	90
No	or service)	220-24-2689	Max T	Wiener,	524 C	levelan	d Rd 1	Linthio	
119. 7 / 7 3		CAUSE OF DEA		Wichel	J24 0	reverant	AP	PROXIMATE IN	TERVAL
7/0,00							BETW	VEEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRE	CTLY	Hyperte	ensive Ca	ardiovaso	ular I	isease			
LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
(This does not meon the mode of de heart failure, asthenia, etc. It means the		DUE TO, OR	AS A CONSEQU	ENCE OF:					
injury or complication which coused de	oth.)								
ANTECEDENT CAUSES	V CDANC	(B) DUE TO, OR	AS A CONSECU	HENCE OF					
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	TING THE	502 10, 011	AU A COTTOLOG	OLIVEE OI.					
Z UNDERLYING CONDITION LAST.		(c)							
9 HL3X									
OTHER SIGNIFICANT CONDITIONS C									
DISEASE OR CONDITION GIVEN IN F		41							
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION SIVEN IN PROPERTION 20B. CO		R WHICH OPERATION W	AS PERFORME	D			21. AUTC	PSY? (Yes o	r No)
			, a rem emme				-		,
10							No	)	
	ho	B.PLACE OF INJURY (e.g., me, farm, factory, street, office	in or obout 22 ce bldg., etc.) IN	JURY OCCUR?	(If in Boltimo	re City, give ex	oct locotion)		
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeo	r) (Hour)	22E.INJURY OCCURRED	22	F. HOW DID IN	ILIRY OCC	UR?			
OF INJURY	, (,	The second secon	WHILE						
(APPROX.)	m		VORK .						
23.						1 1 1			
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resulted from: Notural cau	ses X	Accident Suici	de 📙 Hor	micide	Undetermi	ned manner			
Jula 1	1		C	HIEF MEDICAL	EXAMINER			D. 4 = 5   6   6	
ACTUAL //////	da	XM -	ASSIST	TANT MEDICAL	EXAMINER	K		DATE SIGN	1ED
SIGNATURE	101	M.C	J.			n	12	2/16/68	3
EXAMINER'S Werner	U. Spi	E, M.D.	ASSOC	CIATE MEDICAL	EXAMINER			,,	77.
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATOR	RY 24D	LOCATION	(City tow	n, or county	) (Sto	te)
REMOVAL (Specify)		LIGHT OF CEMETER	S. CREMATOR						
Burial 12-20	0-68	Loudon Park	Cemeter	у В	altimo	re City	Balt	imore,	Md.
25A. DATE REC'D BY HEALTH DEPT.		ME OF REGISTRAR		UNERAL DIRECT			ADDRESS		
DEC 19 1968	A 6	600 Br. a. W		ard Ho Hu		4107 V	Vilkens	Aye.	2122
MEC Y 2 1200	Worker	O. C. Marcher	A. San						

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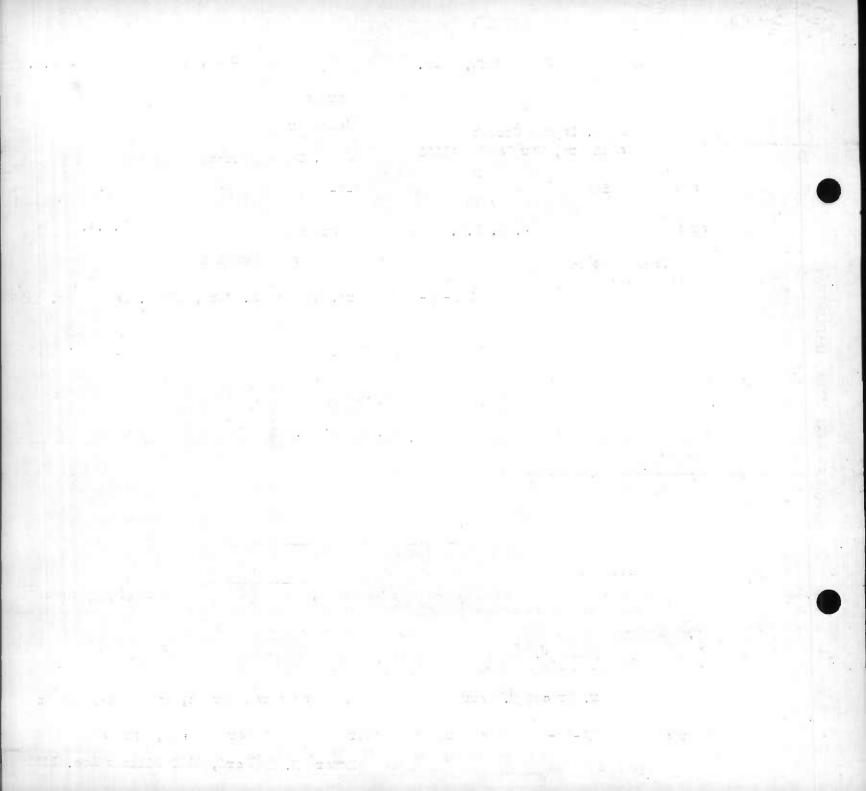
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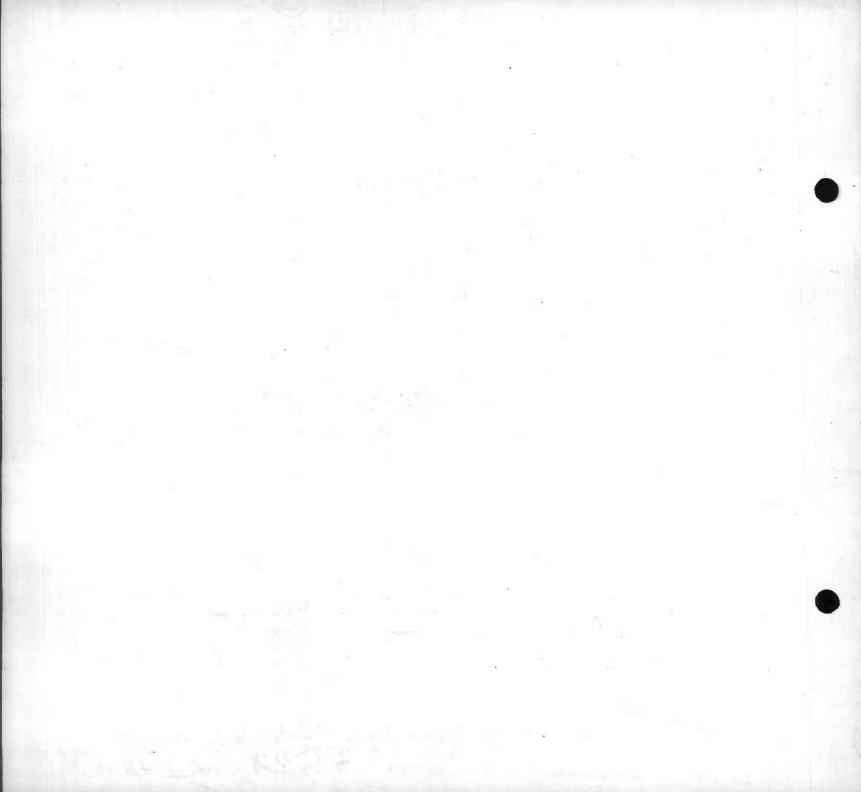
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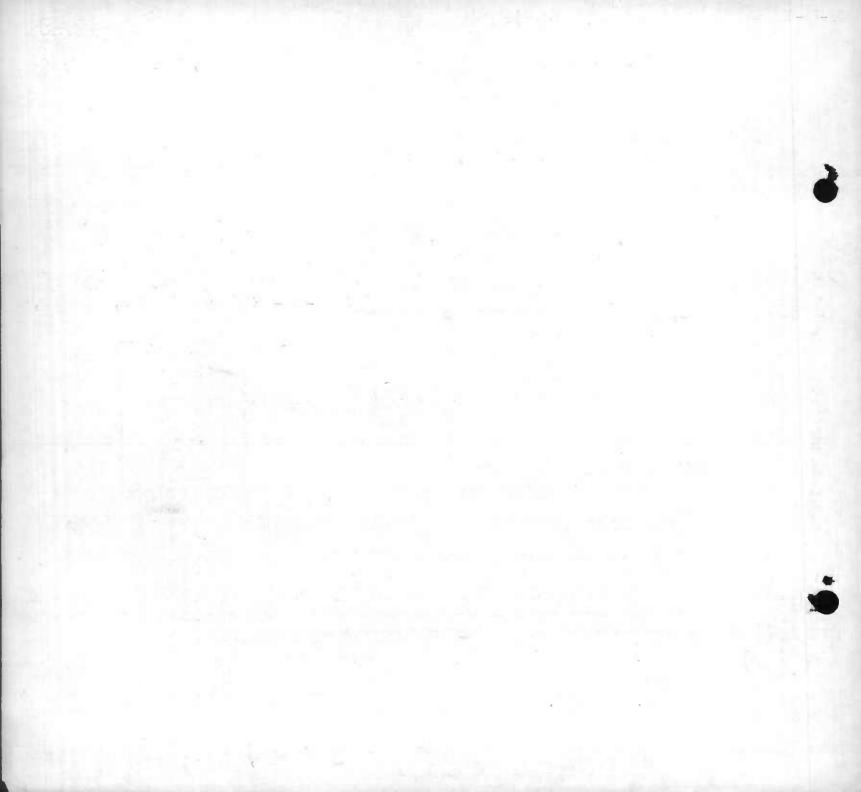
25C NUNERAL DIRECTOR 25B. NAME OF REGISTRAR

Howard H. Hubbard, 4107 Wilkens Ave. 21229



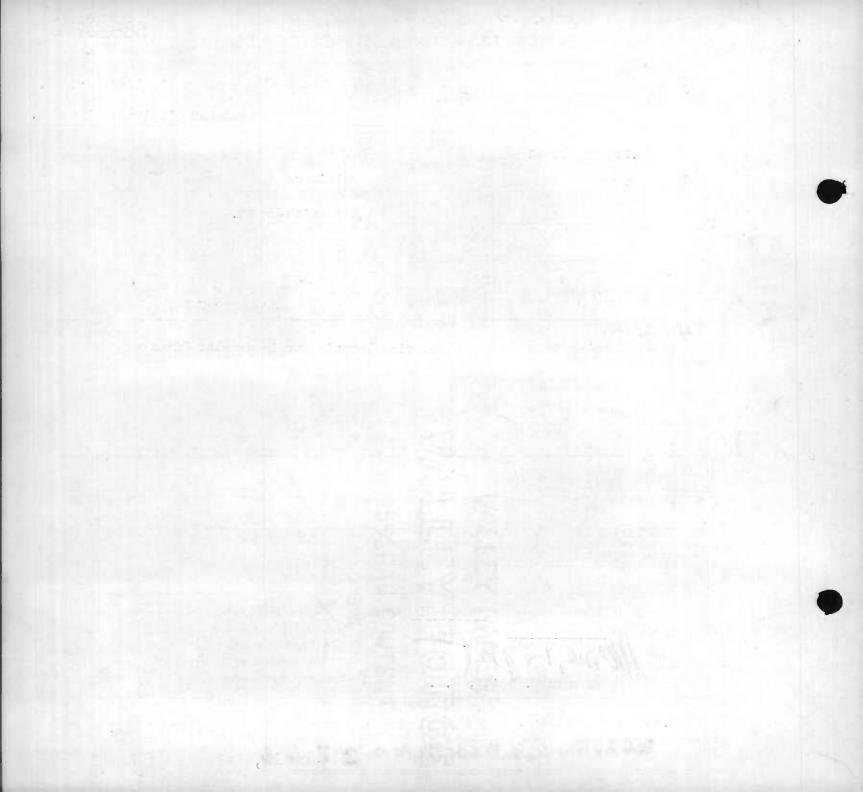


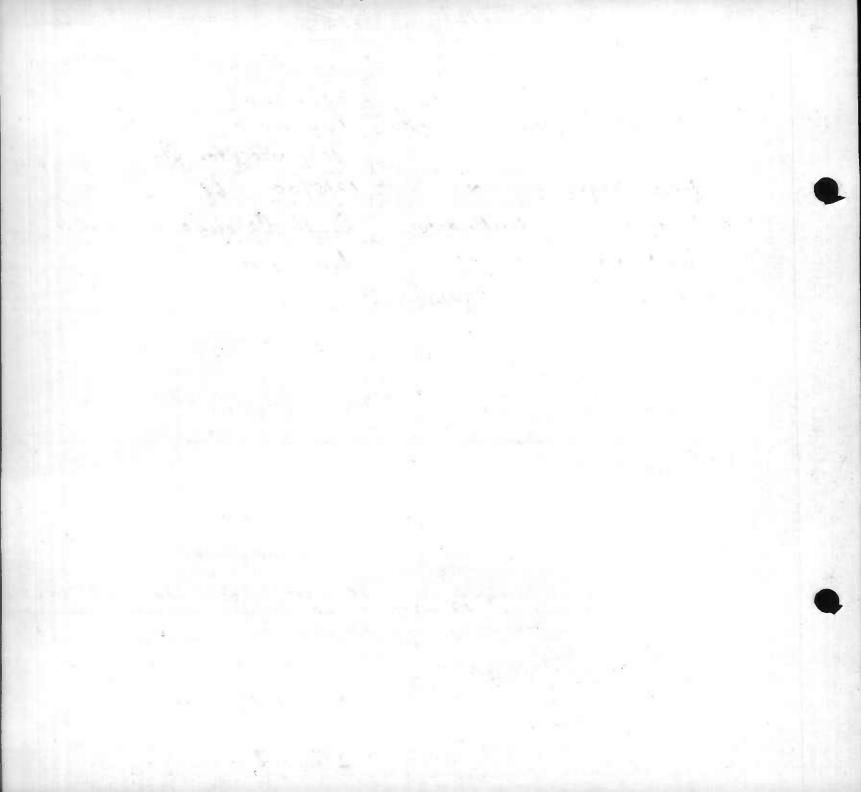
53-21-01 IB	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 188-23945 68-12769 CERTIFICATE OF DEATH REG. NO. 68-12769
an aatl set th	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
death death ceased on the	Type or Print ones Boy Baby Willers Dec 14, 1968 7 Fm N
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A, STATE  B, COUNTY
a hospit cause of se; (5) De indance to death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  C. CITY OR TOWN
ng cause after	Baltimore City Hospitals Balto VES NO DE STREET AND NUMBER
0 - T . C 6	4940 EASTERN AVENUE, BALTIMORE, MD 21224   2217 Aisquith St
ribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)   Months; Doys Hours   Min.
occurre ontribu rrmine regular	M Negro WIDOWED DIVORCED 12-12-68
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rect or (4) Under was ir the de tispositio	MARYLAND
S o o c	13. FATHER'S NAME
T = 5(4) + qsi	HENRY Wilson, Willema
Z tip pt op	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS 1221.
IMPORTAN  Ir his assistan  Also, if the d  of any kind;  ounced death  ittendance or	REC ORDS_BCH_4940 EASTERN AVENUE, BALT IMORE, MD
T E G T T E E	18. CAUSE OF DEATH  APPROXIMATE INTERVAL
or if any or or	DISEASE OR CONDITION DIRECTLY
S de le de l	LEADING TO DEATH  (A) IMMEDIATE CAUSE Car Cio - respirator West.
0 4 5 5 5	(This does not mean the made of dying, e.g., DUFTO OR AS A CONSEQUENCE OF:
R: er. er. ctu	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
Francis O	ANTECEDENT CAUSES CAS Dans Mag
CT A P B G G S S S S S S S S S S S S S S S S S	DISEASES OR CONDITIONS, if any, giving  OUE TO, OR AS A CONSEQUENCE OF:
3 9 × 6 F F F F F F F F F F F F F F F F F F	rise to the above cause (A) stating the UNDERLYING CONDITION last.
DIRECTOR: ical examiner. is; (3) A fracturician who pro- as in regular ains are emba	
	760.9 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA me me re phy an	☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL   ☐ DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERAL  chief mec y a medi y a medi b Body bur the phys hysician w	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?
FUR he ch by (2) B (2) B re th phy	[1] O 21A, ACCIDENT WAS UNDERLYING   21B, PLACE OF INJURY (e.g., in or obout AC, WHERE DID (If In Boltimore City, give exact location)
+ 1 0 0 0	OR CONTRIBUTING CAUSE OF   home, form, factory, street, office bldg., INJURY OCCUR?
0.0 - 3 - B	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
hose hose natured (6)	OF INJURY (A PPROX.)  While At   Not While   At Work   A
y n x ce	Work La Ar Work La
G = [ 0 0	
0077	
it be a lised to ent of spital death)	ond haur and fram the causes stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE 23B. DATE SIGNED
S de	(1) Villager & Flo Do M.D. Attending Med. Staff D 19/11/18
	23C. PHYSICIAN'S  [23D. ADDRESS /
certificate m body was relate; (1) An acci D.O.A. at a b ased prior to	23C. PHYSICIAM'S NAME (Type)  TO HILL TAM B. DELICE  23D. ADDRESS  RAH: MORE. CT. Hand R. Beld. M.
A A P	DR. WILLIAM F. DEVOE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county) (Syste)
dy your	KENTOVAL (Specify)
bor ws:	Durial   12/21/68   MT Auburn Cemetry Boltimore Md   25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRARY   25C TUNERAL DIRECTOR   Halstead Funeral Home
This certifi the body v shows: (1) was D.O.A deceased	
	VS 150-REV. 1/1/68



## MEDICAL EXAMINED'S CEDTICICATE OF DEATH

BIRTH NO.		MEL	ICAL	. E/	KAMINER 5 C	EKIIFI	CATE	OF DEA	AIH REG	. NO			
. NAME OF DEC	EASED					2. DATE	Knawn [	Month	Da	y	Year	Haur	
Type or Print)					D 437D 47	OF	Estimated		cember	1	1968		) A.M.
JAMES 4. PLACE IN BALT	IMORE. MA	RYLAND. V	VHERE P		RANDAL. DUNCED DEAD	3. DATE	2411110100	Manth			Year	Hour	M.
FULL NAME OF					ON, GIVE STREET	PRONOUNCED DEAD  December 17, 1968 10:30					RO A		
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	TION)			- 4104401							1111
OK III SIII OII OII						A. STATE	ESIDENCE (	Where deceose	B. COU		esidence b	before odm	issian)
0 0602 5	Smithso	n Stre	eet			Mary	land			1	1	- 10	gride,
S. SEX	7. RACE			RIED	NEVER MARRIED	C. CITY OF	TOWN		D. INS	DE CITY	LIMITS?	-	
male	negro		WIDOV			Ba1	timore		/	YES	Cx .	NO D	- Caracter
DATE OF BIRTH	1	10. AGE (I	n years	If Un	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBI	ER					
		last birthda		Mont	hs Doys Hours Min.	602	Smiths	on St					
11. BIRTHPLACE (SI	tate or fareia		,	12. C	ITIZEN OF	13. FATHER		on be.					
				TTV	VHALCOUNTRY?			Donal	. 7 7				
Annapo.		1d	1 (D'1610 I		- AL		lliam	Randa	311				
one during most of w	arking life, eve	en ifretired)	148. KIN	OF E	BUSINESS OR INDUSTRY			NAME					
one during most of w Self	Emp.	loyed		Ar	rab	A:	nnie						
6. WAS DECEASE					17. SOCIAL	18. INFOR	TANT				PRESS		LA T
Yes, na ar unknown) NO	(It yes, give w	ar ar dotes	at service	2)	SECURITY NO.	M	Rs	Jones	1818	Ray	ner	Ave	
19 / / 2	11				CAUSE OF DEA							PROXIMATE	INTERVAL
1412	1											EEN ONSET	AND DEATH
DISEASE	OR CONDI	TION DIRE	CTLY		Arterios	sclerot	ic Card	liovasc	ular D	iseas	se		
L	EADING TO	DEATH			(A)IMMEDIATE C	AUSE							
(This does no	at mean the	mode of dy	ing, e.g.,		DUE TO, OR A		UENCE OF:						, a tratter than a m a m a t
Injury or cam	osthenia, etc. plicotian whic	h coused de	ath.)										
AN	TECEDENT (	CAUSES			(B)								
DISEASES O	R CONDITIO	NS, IF AN	Y, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:						
UNDERLYIN	ABOVE CAL		IING IHE										
2					(C)								
422,1		11											
	TH BUT NOT												
DISEASE OR	CONDITION				e vier ein van van van van 180-180 vier voor van vier van								
20A. DATE OF	OPERATION	20B. CO	NDITION	FOR	WHICH OPERATION WA	S PERFORM	NED			12	21. AUTO	PSY? (Yes	or No)
Ö												Ma	
₹ 22A. EXTERN	IAL CALIER	MAS		220 0	DIACE OF INITIBY!	in as should	20 WHERE	DID /IC - D I	1		land: X	No	
UNDERLYING	OR CON				PLACE OF INJURY(e.g., , form, factory, street, affice				imore City, g	ive exoct	locotian)		
UTING CAL	_												
≥ 22D. TIME (		ay) (Yea	r) (Hav	r) 22	E.INJURY OCCURRED	:	22F. HOW DI	D INJURY O	CCUR?				
OF INJURY (APPROX.)					HILE AT NOT	WHILE							
23.				m. W	ORK AT W	ORK [							
	for about 1	dal arc 1			Inspection &		مسط المات	AL! - L	المنجاء ما		1		
I certi	fy that I he	ara an I	nquiry [			tapsy 📙		on this bas	is, death	in my al	oinian		
result	ed fram: No	atural cau	ses 🔲	-41	cetalent L Suicid	le 📙 H	omicide 🔲	Undete	rmined ma	nner 🗀			
	1/11/1	. / /	1	1	-1-		CHIEF MEDI	CAL EXAMIN	ER 🗌				
ACTUAL	11119	WL/	1	14	V	ASS	STANT MEDI		C-53			DATE SIC	SNED
SIGNATU	100	10-7	1	/	M.D	•						12/17	168
EXAMINE	T.	Verner	U. 3	pit	z, M.D.	ASSO	CIATE MEDI	CAL EXAMIN	ER 📙			/ -/	, 00
NAME (T	ype)					CDCALAT	DDV .	0.0 1000	ON /=			1 /-	
24A. BURIAL CREN REMOVAL (Specify	ATION, 2	4B. DATE		240	C. NAME of CEMETERY	or CREMATO	УКҮ	24D. LOCAT	ON (Cit	y, tawn,	ar county	) (S	tate)
REMOYAL (Speciforum 12)	1'	12/20	0/68		MT Calvar	v Cem	at. rvr.	ΔΛ	Con	+ 37	TUT .		
		EDI	/	TAAAT		Jaco	FUNERAL DI	DECTOR A	Cour	TOY	DPESS (1		
25 A. DATE REC	200	1368	120	1	OF REGISTRAR	A 25C.	TOWERAL DI	A		AUI	VKE33		
			400	ELU.	- LAUDORCH THE	4 4	Carpo	1 <b>0</b> , Ha	alstea	ad r.	uner	al H	ome
									206 11	Mon	th A	V	





B-424

68-12772 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.	ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	EG. NO	68-	-12772
1. 1	NAME OF DEC	EASED WILLIA	M BLAC	CKWELL	2. DATE OF DEATH	Known X	Month December	Day	Year 1968	Hour
FUL	PLACE IN BAL L NAME OF SPITAL INSTITUTION	TIMORE, MARYLAND,  (IF NOT IN HOSPII ADDRESS OR LOC	ALORINS ATION)	RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONOL 5. USUAL RE A. STATE	INCED DEAD	Month December	14,	Year 1968	9:50 A.M. pefore admission)
6. 5	sex Male	7. RACE Negro	8. MARR	HED NEVER MARRIED	C. CITY OR			NSIDE CIT	A.	-20 100
9. [	5/5/40	1 10. AGE (lost birthd	In years	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.		ND NUMBER 1066 Vine	Street			
	Maryl			12. CITIZEN OF UWHATCOUNTRY?		ny Blac				t
14A done	Themps	PATION (Give kind of working life ever if retired)	14B. KINE	OF BUSINESS OR INDUSTRY	Deler	phine	ME			
16. (Yes	WAS DECEAS	ED EVER IN U.S. ARME (If yes, give wor ar dote:	D FORCES of service	) 17. SOCIAL SECURITY NO.	18. INFORM		ıme	AD	DRESS	
	(This does n	I E OR CONDITION DIRI LEADING TO DEATH of meon the mode of d , asthenia, etc. It meons the	ying, e.g., e diseose,	(A)IMMEDIATE C	nd phys:	ca	rdation w	ith		PPROXIMATE INTERVAL REEN ONSET AND DEATH
CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
AL CERTIF	20A. DATE OF			FOR WHICH OPERATION WA			fit to Bolton and Cit			PPSY? (Yes or No)
NAME (Type)									mber	DATE SIGNED  14, 1968
RE	Moval (Speci Burial	12/2	20/68	Lincoln I	Park	1	Maryland	(City, town,	ODRESS	) (State)
	6	EC 20 1968		A E Holley A		Varboll			unera	al Home
VS	151-REV. 1/1/68	3					12000	. 1.01	ATT 17	/

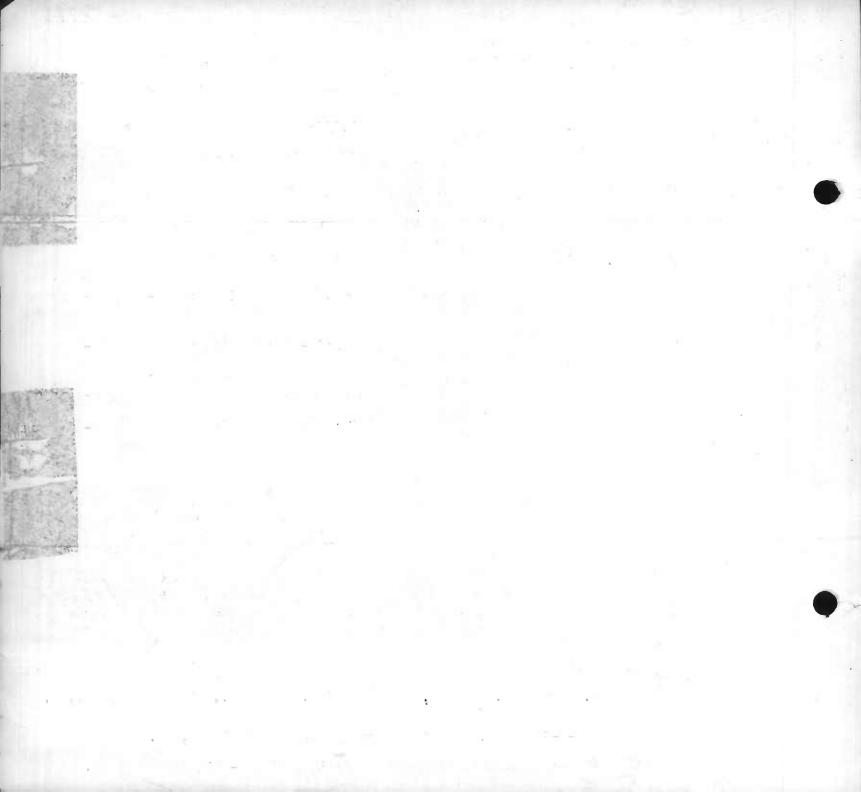
12/20,

## 68-12773 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C	3-	4	9	my	my	2
()(	)	1	4		1	U

BIR	TH NO.									REG. NO			
	NAME OF DEC	EASED					2. DATE	Known 🔀	Manth	Doy	Yeor	Hour	
(Type or Print)  CLARENCE VAUGN  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							OF DEATH	Estimoted	Decem	ber 13,	1968		M.
4.	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PR	RONOUN	ICED DEAD	3. DATE		Month	Doy	Yeor	Hour	
full name of HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  419 East 21-1/2 Street							INCED DEAD		ber 13,		1:30		
OR INSTITUTION  O 419 East 21-1/2 Street  6. SEX  7. RACE  B. MARRIED NEVER MARRIED							A. STATE	aryland		B. COUNTY	_		
6.	SEX	7. RACE		B. MARR	RIED 🔲 N	IEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	Male	Neg	gro	WIDOV	VED 🗌	DIVORCED	В	altimore		YE	SX	NO L	
9. [	DATE OF BIRTH	1	10. AGE (In lost birthdo)		If Under Months	1 Yr. If Under 24 Hrs. Doys , Hours , Min.		ND NUMBER 02 East 2	Oth St			<i>f</i>	
11.	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZ WHA	ZEN OF	13. FATHER	S NAME					
	.USUAL OCCUI e during most of w			4B. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	Jatol			
	WAS DECEASE s, no or unknown)					SOCIAL SECURITY NO.	18. INFORM	MANT		AD	DRESS		
	19. / 07 /	C				CAUSE OF DEA	TH					PPROXIMATE IN	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) IMMEDIATE CAUSE Fatty metamorphosis of liver  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								ver				
RTI		OPERATION				ICH OPERATION W	WAS PERFORMED 21.					. AUTOPSY? (Yes or No)	
Ö	2,						Yes						
MEDICAL	22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE home, form, foctory, street, office bldg., etc.)  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Autapsy and that resulted fram: Notural causes Accident Suicide Hamicide						2F. HOW DID IN  and that an t	JURY OCCU	death in my	opinion			
	ACTUAL SIGNATU EXAMINI NAME (T	JRECI	narles	s. s	pring	sate, M.D.	ASSI	CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL	EXAMINER		ember	DATE SIGN	
RE	A. BURIAL CREA	MATION, 2	48. DATE	1/68	sill	HAME OF CEMETERS	·~	130	LOCATION	Bura.		(Stot	e)
25	A. DATE REC'D	DEC &	0 1388			REGISTRAR	10	FUNERAL DIRECT	7	and.	1712	Wh	wh

ACLES FORD TO BE THE



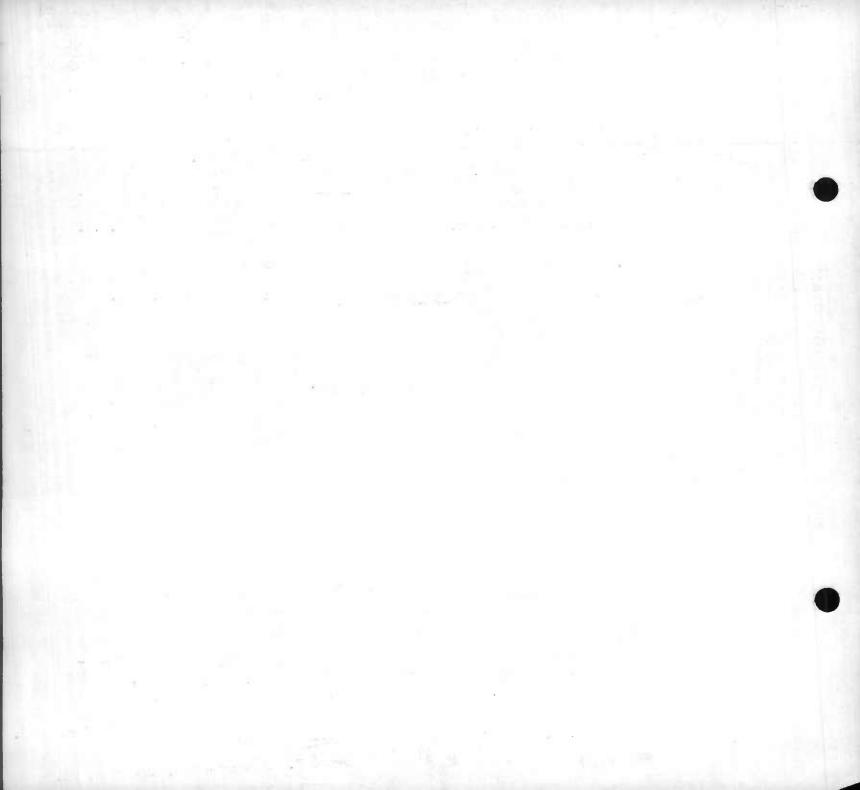
FULL NAME OF ADDRESS OR LOCATION)  Century Home, Inc.  S. SEX  Century Home, Inc.  Century Home, Inc.  S. SEX  Century Home, Inc.  Contury Home, Inc.  S. SEX  Century Home, Inc.  Contury Home, Inc.  Contury Home, Inc.  Contury Home, Inc.  Contury Home, Inc.  Century Home, Inc.  Contury	2. DATE AND HOUR OF DEATH  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY  Maryland  C. CITY OR TOWN Baltimore 21218  D. INSIDE CITY LIMITS? YES NO  E. STREET AND NUMBER 2600 N. Charles St.  DATE OF BIRTH Apr. 25.1877  9. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.  Apr. 25.1877  1. BIRTHPLACE (Stote or foreign country)  Baltimore Md.  USA  4. MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT									
Type or Print)  FREDERICKA WITZ DELCHER  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Century Home, Inc.  5. SEX  6. RACE  Female  White  Widowed X Divorced  100. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)  Housewife  13. FATHER'S NAME  Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	2. DATE AND HOUR OF DEATH  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY  Maryland  C. CITY OR TOWN Baltimore 21218  E. STREET AND NUMBER 2600 N. Charles St.  DATE OF BIRTH Apr. 25. 1877  9. AGE (In yeors lost birthday) Ost birthday)  1. BIRTHPLACE (Stote or foreign country)  Baltimore Md.  4. MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT  ADDRESS									
Type or Print)  FREDERICKA WITZ DELCHER  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  Century Home, Inc.  6. SEX  Female White Widowed Divorced Widowed Widowskind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if relired)  Housewife  14. SECURITY NO.  17. MARRIED NEVER MARRIED 11 done during most of working life, even if relired)  Housewife  18. FATHER'S NAME  Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown   (If yes, give wor or dates of service)   SECURITY NO.	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore 21218  E. STREET AND NUMBER 2600 N. Charles St. 12-06  DATE OF BIRTH Apr. 25. 1877  Ost birthdoy  1. BIRTHPLACE (Stote or foreign country)  Baltimore Md.  USA  Anna Kirschbaum 7. INFORMANT  ADDRESS									
FULL NAME OF ADDRESS OR LOCATION)  Century Home, Inc.  S. SEX  Century Home, Inc.  Century Home, Inc.  S. SEX  Century Home, Inc.  Contury Home, Inc.  S. SEX  Century Home, Inc.  Contury Home, Inc.  Contury Home, Inc.  Contury Home, Inc.  Contury Home, Inc.  Century Home, Inc.  Contury	A. STATE B. COUNTY Maryland  C. CITY OR JOWN BALTIMORE 21218 D. INSIDE CITY LIMITS?  PART 2600 N. Charles St. 12-06  DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.  Apr. 25. 1877 91  1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY BALTIMORE Md.  4. MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT ADDRESS									
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  Century Home, Inc.  SEX  6. RACE  Female  White  Widowed X  DIVORCED  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)  Housewife  13. FATHER'S NAME  Henry Witz  S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	Maryland  C. CITY OR TOWN Baltimore 21218  E. STREET AND NUMBER 2600 N. Charles St.  Apr. 25.1877  D. AGE (In years of birth downs of birthdown)  Baltimore Md.  Monther's Maiden Name  Anna Kirschbaum  J. INFORMANT  ADDRESS  D. INSIDE CITY LIMITS?  VES NO   16 Under 1 Yr.  If Under 1 Yr.  Monther Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY:  USA  ADDRESS									
HOSPITAL OR NORTHUR ADDRESS OR LOCATION)  Century Home, Inc.  S. SEX  6. RACE  Female  White  Widowed X  DIVORCED  100. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if relired)  Housewife  14  Henry Witz  S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (Iff yes, give wor or dates of service)  16. SOCIAL  17  Yes, no or unknown (Iff yes, give wor or dates of service)	E. STREET AND NUMBER 2600 N. Charles St.  DATE OF BIRTH Apr. 25.1877  Description  P. AGE (In years lost birthday)  Description  P. AGE (In years lost birthday)  P. AGE (In years lost birthday)  Doys Hours Min.  P. AGE (In years lost birthday)  Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY  Baltimore Md.  USA  Description  USA  Anna Kirschbaum  T. INFORMANT									
Century Home, Inc.  5. SEX  6. RACE  Female  White  Widowed X  DIVORCED  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if relired)  Housewife  13. FATHER'S NAME  Henry Witz  S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	E. STREET AND NUMBER 2600 N. Charles St. 12-06  DATE OF BIRTH Apr. 25.1877  Destributed by 12 Citizen of What Country  Baltimore Md.  Months: Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY  Baltimore Md.  USA  Months: Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY  USA  MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT									
Century Home, Inc.  5. SEX  6. RACE Female White Widowed X DIVORCED  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired) Housewife  13. FATHER'S NAME Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	E. STREET AND NUMBER 2600 N. Charles St. 12-06  DATE OF BIRTH Apr. 25. 1877  Solution of St. 12-06  If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  Months Doys Hours Min.  1. BIRTHPLACE (Stole or foreign country)  Baltimore Md. USA  4. MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT  ADDRESS									
Female White WIDOWED DIVORCED 100A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)  Housewife  3. FATHER'S NAME  Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	Apr. 25. 1877    Apr. 25. 1877   Ost birthday   Ost									
Female White WIDOWED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired) Housewife 13. FATHER'S NAME Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	Apr. 25. 1877   lost birthday   Months   Doys   Hours   Min.  1. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY   Baltimore Md.   USA   4. MOTHER'S MAIDEN NAME   Anna Kirschbaum   Address   Address   Address   T. INFORMANT   Address   Address   Address   Address									
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired) HOUSEWITE  3. FATHER'S NAME Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	1. BIRTHPLACE (Stole or foreign country)  Baltimore Md.  4. MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT  ADDRESS									
Anned Forces?  S. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	Baltimore Md. USA  4. MOTHER'S MAIDEN NAME  Anna Kirschbaum  7. INFORMANT ADDRESS									
Housewife  13. FATHER'S NAME  Henry Witz  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown  (If yes, give wor or dates of service)   16. SOCIAL   17	4. MOTHER'S MAIDEN NAME Anna Kirschbaum 7. INFORMANT ADDRESS									
Henry Witz  S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	Anna Kirschbaum 7. INFORMANT ADDRESS									
S. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (Iff yes, give wor or dates of service)  16. SOCIAL  SECURITY NO.	7. INFORMANT ADDRESS									
S. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) [(If yes, give wor or dates of service)   SECURITY NO.   17	7. INFORMANT ADDRESS									
	KRVMODO W HOENTOILE LACK!									
20 1/1 2006 5	Raymond W. Dashiells (son) 148 Ridley Circle, Decatur Ga. 30030									
18. CAUSE OF DEATH	APPROXIMATE INTERVAL									
DISEASE OR CONDITION DIRECTLY	Deliver onset and Death									
LEADING TO DEATH	to wedge they									
	CONSEQUENCE OF									
injury or complication which caused death.)	, hus Heary Persons									
ANTECEDENT CAUSES Chifer	and the cull									
DISEASES OR CONDITIONS, if ony, giving DUE TO OR AS A	CONSEQUENCE OF:									
rise to the obove couse (A) stating the	lit.									
UNDERLYING CONDITION last, (C)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDITION FOR WHICH OPERATION  1998. CONDI	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED									
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
U   21 A. ACCIDENT WAS UNDERLYING     21 B. PLACE OF INJURY (e.g., in a	or about 21 C. WHERE DID (If in Baltimore City, give exact location)									
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office etc.)	ce bldg., HNJURY OCCUR?									
21D.TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?									
While At ☐ Not While										
(APPROX.)										
	22. I certify that (1) (this haspital) attended the deceased from 7/8/68 19 to 19									
that (1) (we) last sow the deceased alive on 12/2/47 19 and that in (my) (and apinion death accurred an the date										
ond hour and from the couses stated above. (1) (Western (did nat) vie	and hour and from the causes stated above. (1) (West die) (did nat) view the body ofter death.									
23A SIGNATURE	23B, DATE SIGNED									
Millaud Chefur DEGREE Phys.	ding Med. Staff Dec18.1968									
23 C. PHYSICIAN'S 231	BD. ADDRESS in /									
	6615 Menterstown Kk									
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (Stote)									
REMOVAL (Specify)  Doc 20 1068 David Didge Co	emetery Pikesville Md.									
Birial Dec. 20. 1900 Divite Alage of	PAGENTIAL DIRECTOR ADDRESS									
DEC 20 1968 P.O. A. E. Fredoma 2	Baltimore Md. SONS.INC									
Willerd Applefeld M.D.  Degree 24A. BURIAL CREMATION,  24B. DATE  24C. NAME of CEMETERY OF CREM	6615 Nenteston KD									

1/1/48



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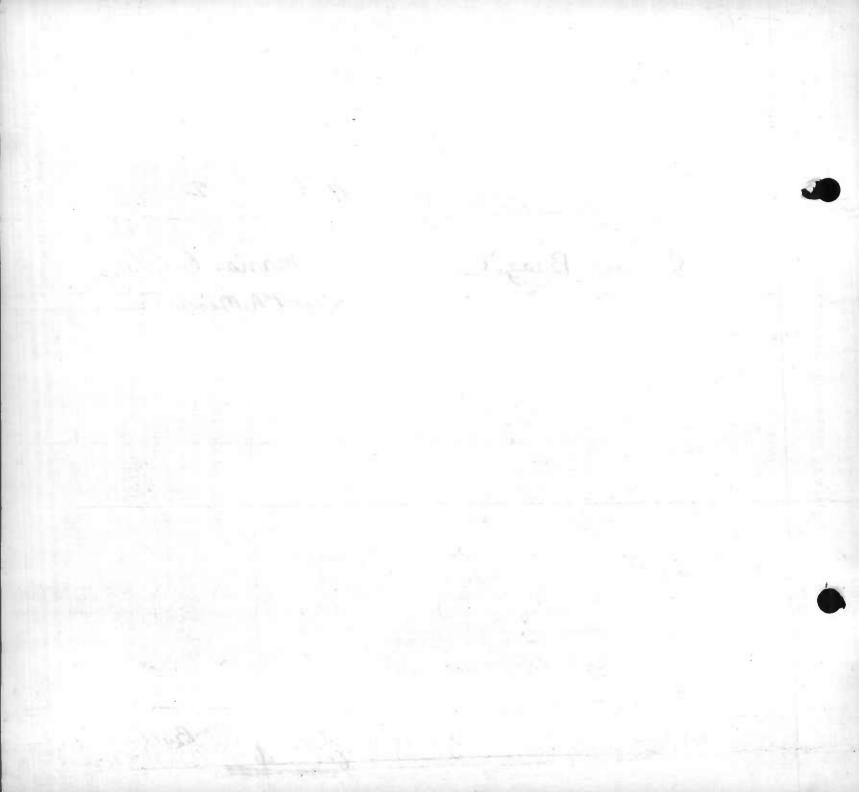
MAS 53-17-67 ]	- 5211 68-12777 CEPTIFICA	HEALTH DEPARTMENT	CO 4 Origin
76 G P C	BIRTH NO. 24 CERTIFICA	TE OF DEATH REG NO.	00-12///
of death Of death Deceased e on the	1. NAME OF DECEASED JOHN FENLON (Type or Print)	2. DATE AND HOUR OF DEATH	1968, 945 PM
of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in a	stitution: residence before odmission)
hosp Use (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Harford () c. CITY OR TOWN  D. INSI	DE CITY LIMITS?
	4940 EASTERN AVE. 21224	Edgewood	YES NO X
ed in drau drau prior	Ballimore City Dospitals	E. STREET AND NUMBER 2205 Philadelphia Rd. 21	.040
occurre ontribut ermined regular eased p	MARKIED M NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occur ontrik ermin regul	ale White WIDOWED DIVORCED DIV	8-25-21 47	12. CITIZEN OF WHAT COUNTRY
古った こっこ	done during most of working life, even if retired)		U.S.A.
dea toruch unc as e d	Contracting Officer US-Govt.	Pennsylvania 14. MOTHER'S MAIDEN NAME	0.5.A.
if deat rect or (4) Unde was ir the de ispositio	James E. Vangilder	Angela Cole	
	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT	ADDRESS
IMPORTAN rr his assistant Also, if the di of any kind; ounced death ittendance on	(Yes, no or unknown) (If yes, give wor or dotes of service)  WWII  162-20-1467	BCH Records: 4940 Easter	n Ave. 21224
OR ass if t iny any dan or fi	18. 73 9 CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MPC his of an of an tend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Yuma apriens	DELWEEN ONSET AND DEATH
040505	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	
R: ner er. ctur oror	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	1 1 1	04
fra fra e	ANTECEDENT CAUSES	le chasal cell Concinon	12
S S S S S S S S S S S S S S S S S S S	The state of the s	A CONSEQUENCE OF:	
DIRECTOR cal examine al examine s; (3) A fract cian who pr si in regula	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)		
	- 19/18 II		
	O THE SIGNIFICANT CONDITIONS CONTRIBUTING		
FUNER te chief r by a m 2) Body   e the pl physicia	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
Ch Ch Sy the Book of the		140	
	DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., if home, form, foctory, street, of etc.)	ice bldg., NJURY OCCUR?	e City, give exoct location)
A S S S S S S S S S S S S S S S S S S S	O 21D. TIME (Month) (Day) (Year) (Hour) 21E INTILRY OCCURRED	21F. HOW DID INJURY OCCUR?	
80 6 60 5	OF INJURY (APPROX.)  While At   Not While At   Not While At   Work   At Work   At Work   At Work   At Work   Not While   At Work   Not Work   N		
brail	22. I certify that (I) (this hospital) attended the deceased from	etember 7 1968 to Del	ember 17 19 68
0 d d d d d d d d d d d d d d d d d d d	that (I) (we) last sow the deceosed alive on	19 68 and that in(my) (aut) opin	nion death accurred on the date
0-00	ond hour ond from the couses stoted obove. (I) (We) (did) (did not) v		
2 2 0 V	23A. SIGNATURE AMD AM		23B, DATE SIGNED
a t t t t t t t t t t t t t t t t t t t	DEGREE Phys		12-17-68
0 - 0 - 5 >	23C. PHYSICIAN'S NAME (Type) JOSE TORRES	BALTIMULE CITY	HOIPITALS.
A D G D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		ly, town, or county) (Stote)
	Burial Dec. 21,1968 Trinity Lutheran	Cemetery Joppa	Harford Md.
This ce the books shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN	Howard K. McComas & Son.	ADDRESS
0 > 0 >	VS 150-REV. 1/1/6B	Howard K. McComas & Son,	Abingdon, Md.



BALTIMORE CITY HEALTH DEPARTMENT



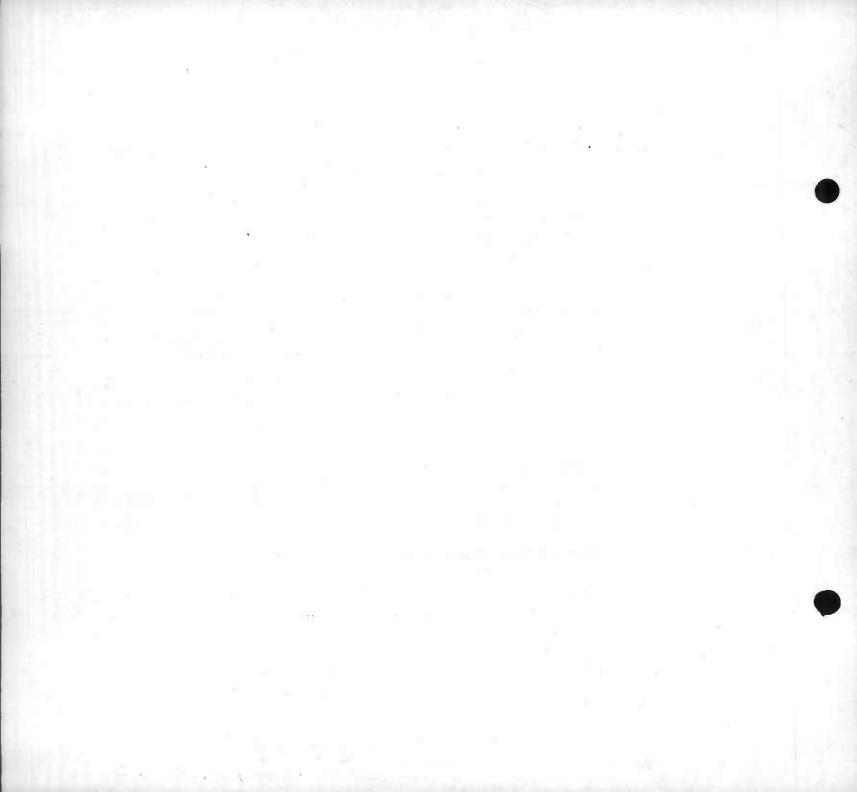
BALTIMORE CITY HEALTH DEPARTMENT



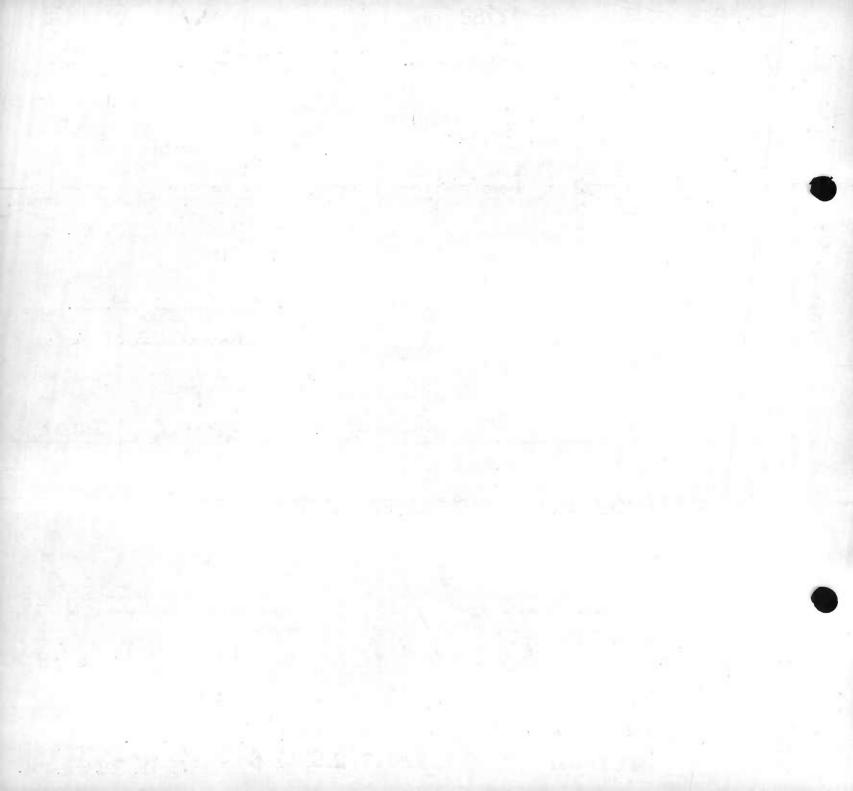
	NAME OF DEC ype ar Print)		, VERNER NATHANIE	L	DEC 16, 196	68   8:0
3.	PLACE IN BAL	TIMORE, MARYLANO, W	VHERE PRONOUNCEO DEAD	4. USUAL RESIDEN	ICE (Where deceased lived. I B. COUNTY	l institution: residence befare
FL H IN	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	10011	NSIDE CITY LIMITS?
6	ST AGNE	S HOSPITAL		BALTI		YES NO
1	CATON &	WILKENS A	V E	E. STREET AND N	OMBER SHINGTON BLVI	
S.	SEX M	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Und Manths; Days Haurs;
1	MALE	WHITE	WIDOWED DIVORCED	06 29 24	last birthday)	Manths Days Haurs
			10B. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT
da	MEAT C	warking life, even if retired)	ESSKAY MEATS	PEN	NSYLVANIA	USA
13.	FATHER'S NA			14. MOTHER'S MA		
	GEO	RGE ROUSH		VELMA V	ARNER	
15.		Ever in U. S. Armed For	rces? 16, SOCIAL	17. INFORMANT		ADDRESS
(1 e	YES	WORLD W		ST AGNE	S RECORDS-CA	TON & WILKEN
-	18.	4. 9 I	CAUSE OF DEA		0 112001100 071	APPROXIMATE
	DISEA	SE OR CONDITION DE	RECTLY PARTY	inopania	Shople -	BETWEEN ONSET
	(*1:	LEADING TO DEATH	(A)IMMEDIATE CA	AUST	Shock-	6 h
ш	heart failure,	nal mean the mode af asthenia, etc. II meons	DUE TO, OR A	S A CONSEQUENCE OF	:	
		nplication which caused	death.) Left	Vantagare De	antailand Iha	
111		A NITECEDENIE C A LICEC		euncuc	or water poet	ure)
		ANTECEDENT CAUSES			ar Failenl (Ace	ure)
	DISEASES (	OR CONDITIONS, if	ony, giving (8)	S A CONSEQUENCE C	DF:	
	DISEASES (	OR CONDITIONS, if e abave cause (A) G CONDITION last.	ony, giving DUE TO, OR A stating the	s a consequence of	Julacet in	
Z	DISEASES (rise to the UNDERLYING	OR CONDITIONS, if e above cause (A) G CONDITION last.	ony, giving DUE TO, OR A stating the	s a consequence of	Julacet in	
ATION	DISEASES (rise to the UNDERLYING	OR CONDITIONS, if e abave cause (A) G CONDITION last.            FICANT CONDITIONS CO TH BUT NOT RELATED TO 1	ony, giving (8) DUE TO, OR A Stating the (C)  WIE  ONTRIBUTING THE TERMINAL	s a consequence of	DF:	
IFICATION	DISEASES (rise to the UNDERLYING	OR CONDITIONS, if e abave cause (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAF FOPERATION [198. CON	ony, giving (8) DUE TO, OR A Stating the (C)  WIE  ONTRIBUTING THE TERMINAL	s a consequence of Oca volial MI-four 68 Ulcer Ope	Ferfacetions - fuly 68. cated 196)	1 day
ERTIFICATION	DISEASES (nise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OF CO.	OR CONDITIONS, if e abave cause (A) G CONDITION last.	ony, giving DUE TO, OR A Stating the (C)	MI-four 68 cleer ope	Ferfacetins  - fuly 68- cated 1967  Yes at Na) 20B. IF YES, WEIN CERTIFYING	RE FINOINGS CONSIDERED CAUSES OF DEATH!
AL CERTIFICATION	DISEASES (nise to the UN DERLYIN) OTHER SIGNIF TO THE DEAL DISEASE OF COMPLETE CONTRIBUTION OF	OR CONDITIONS, if e abave cause (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAR E OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	ony, giving Stating the CC. DUE TO, OR A	MI-four 68 cleer ope	Ferfacetins  - fuly 68- cated 1967  Yes at Na) 20B. IF YES, WEIN CERTIFYING	RE FINOINGS CONSIDERED CAUSES OF DEATH?
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	DISEASES (nise to the UNDERLYING) OTHER SIGNIF TO THE DEAL DISEASE OF COMPANY OF THE DEATH (notify) 21 D. TIME OF INJURY	OR CONDITIONS, if e abave cause (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAR E OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	ony, giving Stating the OPERATION  ONTRIBUTING HE TERMINAL RI 1 (A).  IDITION FOR WHICH OPERATION  FORMED  21B. PLACE OF INJURY (e.g., home, larm, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Nat W	MI-face 68  20A. AUTOPSY? ( YES, in or about 21C. WHEI affice bldg., INJURY O	Ferfacetins  - fuly 68- cated 1967  Yes at Na) 20B. IF YES, WEIN CERTIFYING	RE FINOINGS CONSIDERED CAUSES OF DEATH JES
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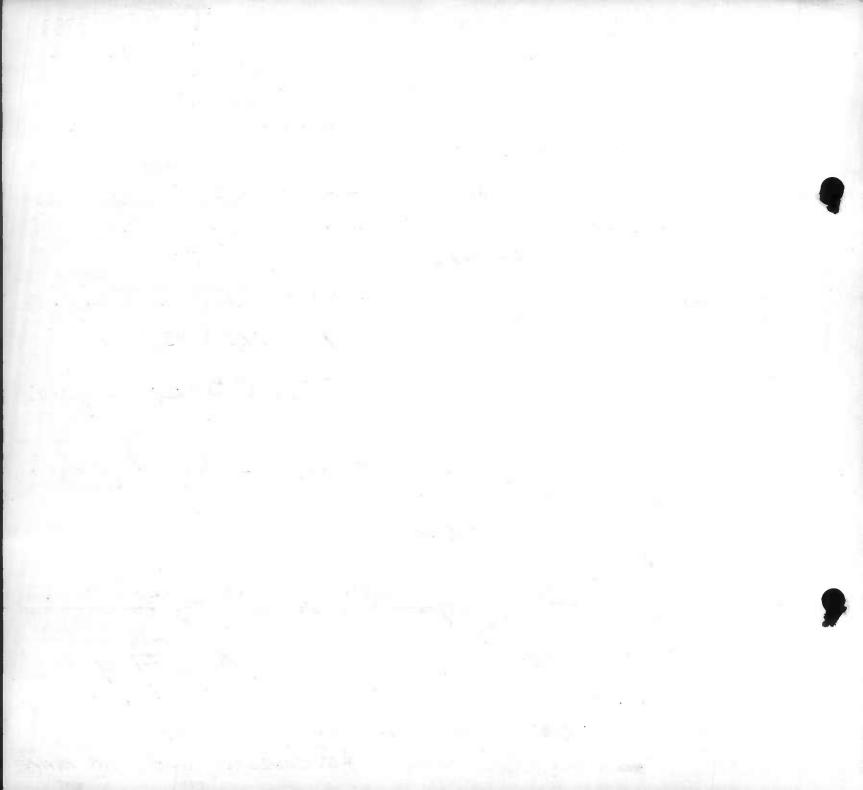
BALTIMORE CITY HEALTH DEPARTMENT

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115 68-19709	BALTIMORE CITY HEALTH DEPARTMENT	68-12782
712	CERTIFICATE OF DEATH	NO GO TELOS
BIRTH NO.  1, NAME OF DECEASED	2. DATE AND HOUR O	F DEATH
(Type or Print)	DEC 14. 1	260 1700 ESV
THICKIPS, JEWEL	DEAD IN USUAL PESIDENCE (Where deschaed	lived. If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET MARYLAND	CECILC 57-00
INI CTI TI I TIONI	IL. CIT OR IOYVIN	D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS		YES NO.
3 3 BALTIMORE, MD 212	E. STREET AND NUMBER	2000
	BOX 310 SHADY E	BEACH
S. SEX 6. RACE 7. MARRIED LA	EVER MARRIED B. DATE OF BIRTH 9. AGE (In )	rears If Under 1 Yr., If Under 24 Hrs.
F (A) WIDOWED □	DIVORCED 7-10-33   10st birthdoyl	Months Doys Hours Min.
	INESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
Housewife	West Virginia	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES ASHLEY	MINNIE PHIPPS	5
	SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	
No	Ronald G. Phillip	s. Elktoh. Md.
18.42/.01	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET #ND DEATH
DISEASE OR CONDITION DIRECTLY	WHAMPPHATE CAUSE MASSIVE Intracr	ania O Reserved 14
LEADING TO DEATH	A I I MILE CAUSE	ance scell. 19 hrs
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:	8
injury or camplication which caused death.)	0 · M · -	STRAM
ANTECEDENT CAUSES	I COSIBLE MYCOME EM	Dolles States
DISEASES OR CONDITIONS, if any, giving	(B)	INDU NI WANTED
rise la lhe above cause (A) slaling lhe	SEIGUE DOLUTICAN DIAERS	e & C14111 104
UNDERLYING CONDITION last.	(c) Secure Jacob CNR VIAENS	2011/10 > EVERACY CS
-430,0 II		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
= 13/68 Trytracerebra	1 + Subdellara 4 ES	
OP CONTRIBUTING CALLSE OF	CE OF /NSUK resp., in of about 21C. WHERE DID (If rm, factory, street, office bldg., INJURY OCCUR?	in Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)	min idelety, since since singly material weeks:	
2 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJ	URY OCCURRED 21F. HOW DID INJURY OCCU	8?
S OF INJURY	,	
(APPROX.) Work	Wark	
22. I certify that (1) (this haspital) attended the de	eceased fram	19
that (1) (we) last saw the deceased alive an		(aur) apinian death accurred an the date
and have and from the causes stated above. (1) (W	e) (aig) (did nat) view the bady after death.	DATE SIGNED
23A SIGNATURE	Attending Med. Staff	23B. DATE SIGNED
Joseph . Wym	DEGREE Phys. Director Phys.	114/68
230. HYSICIAM'S NAME (Type)	23 D. ADDRESS	
LOSSON RATIONS	THE JOHNS HOPKINS	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	240, ECCATION	Cony, towns, or country. Conter
Burial 12/13/68 Gilp	in Manor Memorial Park, Elk	ton. Md.
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF RI	GISTRAR 2SC. FUNERAL DIRECTOR	ADDRESS,
DEC 20 1968 Robert 2	Hicks Home for F	unerab, Elkton, Md.
/S 1SO-REV. 1/1/6B		





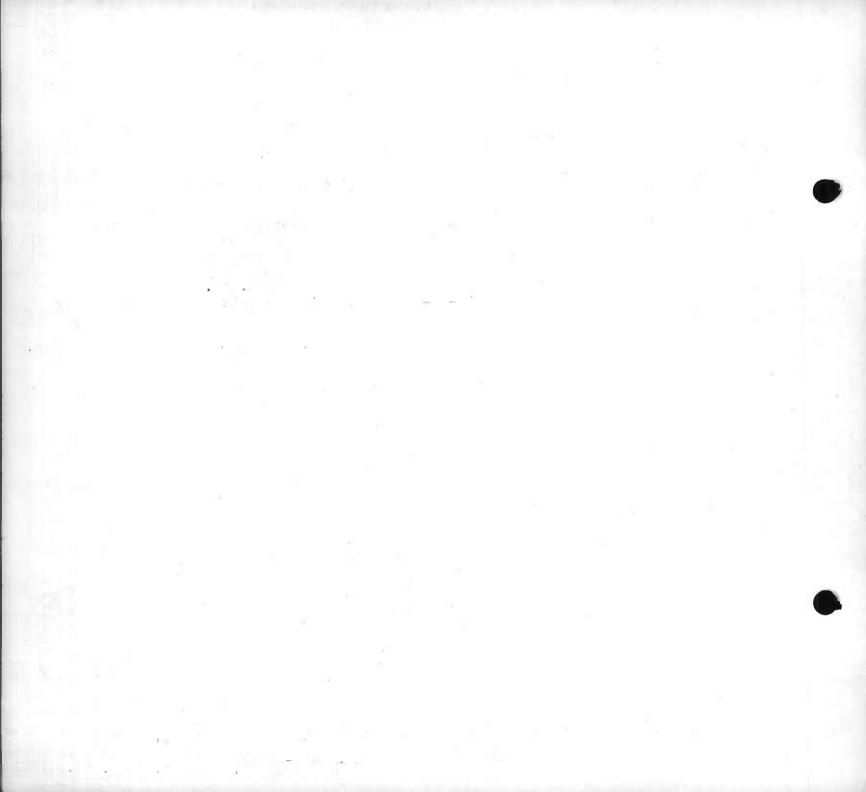


## 68-12785 BALTIMORE CITY HEALTH DEPARTMENT

RID	TH NO.		MED	ICAL	EXAMINER'S	CERTIFIC	CATE C	F DEAT	H REG. NO.	8-12	2785	
		FACED		-		II. DATE	× □				f:	
	RAYMOND		ee.	TYI	ER	2. DATE OF DEATH	Known L	Month Decem	ber 17,	1968	12:50 A _M	
4.	LACE IN BAL	IMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  3 Baltimore City Hospital						PRONOUNCED DEAD December 17, 1968 1:00 A.M.  5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission)					
1	-		ity Hos			A. STATE B. COUNTY Maryland						
6. !	SEX	7. RACE		B. MARRI	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	nale	whi		WIDOW			timore		YE	s 🗓	NO 🗌	
	ATE OF BIRTH		10. AGE (In lost birthdo	y)	If Under 1 Yr. If Under 24 Hrs Months   Doys   Hours   Min		ND NUMBER	Street	of -	- The state of the	05	
	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME					
14A	Indianap USUAL OCCUI	PATION (Giv	e kind of work	14B. KIND	USA OF BUSINESS OR INDUST	C RY 15. MOTHER	harles I	H. Tyler				
	Sweepe			Lot	Sweeping	D	ella Mcl	Dermott				
16. (Yes	WAS DECEASE , no or unknown)	D EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL	IB. INFORM			AD	DRESS		
	22				307-12-5211	Bedino	Peace	CHapel, T	erre Hau	ite, In	d.	
П	19. 4 1	tof 1			CAUSE OF DE					AP	PROXIMATE INTERVAL	
		OR COND		CTLY			c Cardio	vascula	r Diseas			
Н	LEADING TO DEATH  (A)IMMEDIATE CAUSE  (This does not mean the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:											
	heort foilure, injury or com	osthenio, etc	. It meons the	diseose,	552.10, 01	AS A CONSEQ	OENCE OF					
	DISEASES ORISE TO THE	ABOVE CA	ONS, IF ANY	, GIVING TING THE		R AS A CONSEC	QUENCE OF:					
Z					(C)							
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR		RELATED TO	THE TERMI								
RT					OR WHICH OPERATION V	VAS PERFORM	ED			21. AUTO	PSY? (Yes or No)	
Ö	0							,			No	
EDICAL	22A. EXTERI UNDERLYING UTING CAI		TRIB-		22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	., in or obout 2 ice bldg., etc.)	2C. WHERE D	D (If in Boltimo	re City, give exoc	t location)	No	
Σ			Ooy) (Yeor		WHILE AT NO	T WHILE	2F. HOW DID	INJURY OCC	UR?			
	23.				m. WORK AT	WORK [_]						
		fy that I h		nquiry [	Inspection X A	utapsy 🗌	and that a	n this basis,	death in my	apinian		
	result	resulted fram: Natural causes Accident Suicid						Undetermi	ned manner			
	ACTUAL	1 1109	Lach	15	me -	AS 511	CHIEF MEDICA				DATE SIGNED	
	SIGNATU	St. Av.	Je ju	TT K	M.D.	U.	CIATE MEDICA				12/17/68	
24	NAME (T	ype)	Werner	0. 6	24C. NAME of CEMETER			D. LOCATION	(City, town,	or country!	(5+5+5)	
	MOVAL (Specif	y)		1060							) (Stote)	
25	Burial A DATE REC'D		12-20-		Woodlawn Cem		UNERAL DIRE		aute, Inc	DDRESS		
237	A. DATE REC D		<b>a 19</b> 68	23B. N	S I I	2 2 Wiff.	7 3			St. Pa	ul St.	
VS	151-REV. 1/1/6B	ULU &	9 1300	VIOL	CO C. Villey	PATER .	OCCK DI	CORD, II		o , PIC o	21202	

TO WE . E ED LING Brecours Lot Screptos מסד - ב- און ד פותמת עיניסף למדורכו ביניכר במודרים .

Resultant Lesetery Tests Bintes Indiana 



U.S.A. ADDRESS S. Fremont APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Several days 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 68 Jecember and that in(my) (our) opinian deoth occurred on the date 23 B. DATE SIGNED 2-18-68 CHARLES KICE VS 150-REV. 1/1/68

7:30

NO

Hours

If Under 24 Hrs.

grantitions .

68-12788

12. CITIZEN OF WHAT COUNTRY?

901 S.,

VS 150-REV. 1/1/68



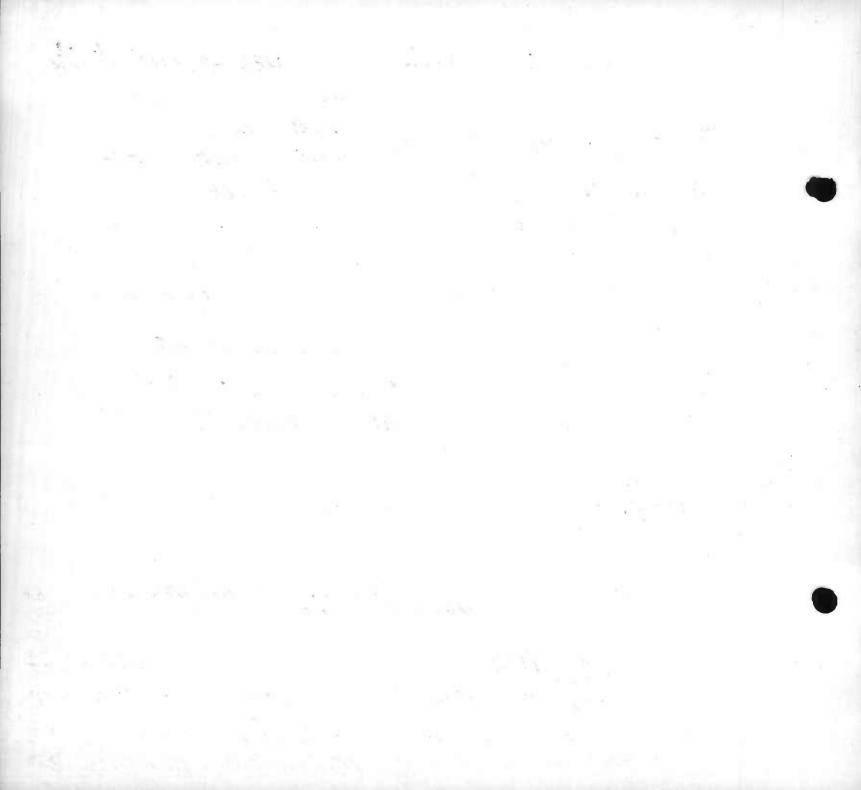
59 201 10/3 100 11 10 FOR SUPE YELLY PROME IS DROPTY Dried Doesey . The THERE STREET Opposite the scale Parket of CORRESPONDED PROPERTY THE DO TENTON PARTY

the Der Deputer and the

VS 150-REV. 1/1/68

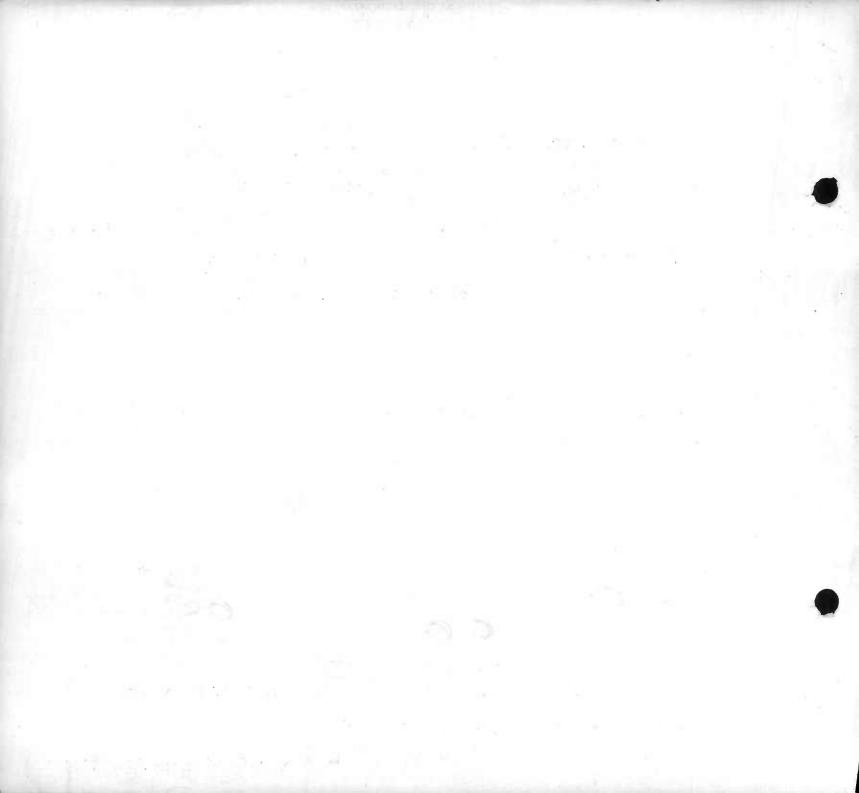
BALTIMORE CITY HEALTH DEPARTMENT	
68-12790 CERTIFICATE OF DEATH REG. NO	- 6'82-3'3'''000
	00-15/30
(Type or Print) JOHNNIE MAE SMITH 12/20/68	5.50 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	itutian: residence before odmission)
HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSID	E CITY LIMITS?
LUTHERAN HOS PITAL E. STREET AND NUMBER	YES 🔼 NO 🗌
76 2119 N. Longwood ST	
5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeors lost birthday)  WIDOWED DIVORCED 3/16/1905	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Henothanic Smithfield -N.C.	U.SR.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Alfred Smith Alice BARNETT	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
(Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO.	EMOOD JA
18. 4 10 9 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., hoost follows as the disease, both follows as the disease, but the disease as the disease.	n
heart failure, osthenia, etc. It means the disease, injury or complication which caused death,)	
ANTECEDENT CAUSES (B) atterioschentic cardiovarculas dises	s.
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
rise to the abave cause (A) stoling the UNDERLYING CONDITION last.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
WAS PERFORMED No.	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., DEATH (notify medical examiner) (If in Boltimore etc.)	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY  (APPROX.)  While At Not While At Work	,
22. I certify that (1) (this hospital) attended the deceased from 12/20 1968 ta 1	2/20 1968
/3/3 5 12	on deoth occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	23B. DATE SIGNED
T. QWW U.D. Attending Med. Staff Phys.	12/20/68
23C. PHYSICIAN'S NAME (Type)  F. QUERAL  23D. ADDRESS  LUTHERAN HOSPIT	TA L
DEGREE	(5)-1
Buna 12/27/18 BALTO NATIONAL BALTOMY	, town, or county) (State)
120mm 12/23/61 10mm	, town, or county) (State)

T.America a Tuefe liberaged Int. water to the service of the service of the 01/2- 13 12/24 o a broup Fo Acres Se LUTHERLAND HOLPITAL F. QUERLA L

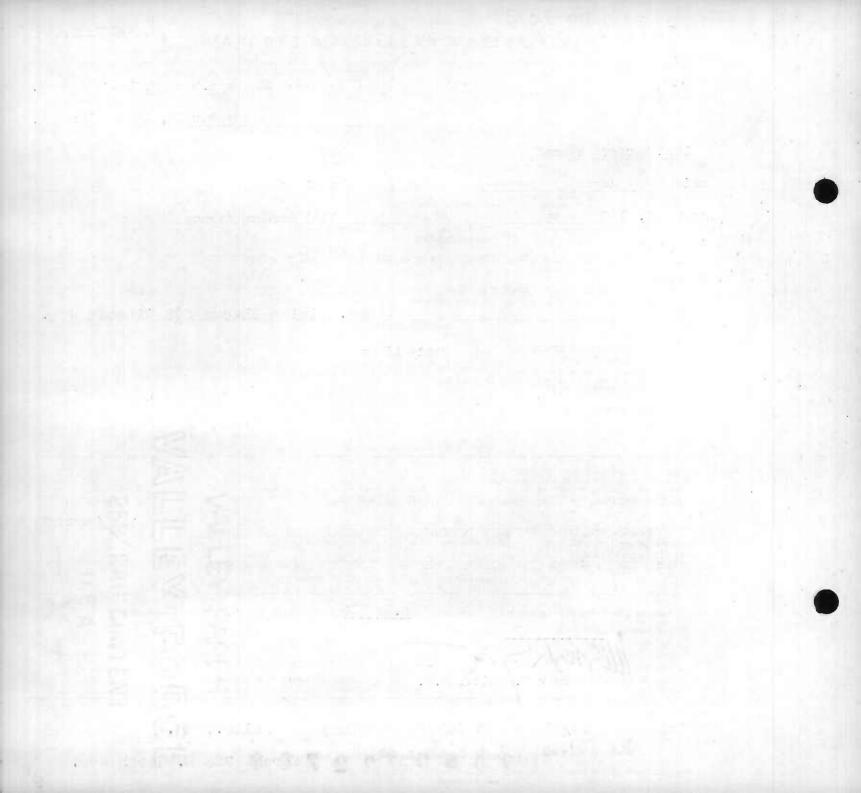


00 4000	BALTIMORE CITY	HEALTH DEPARTMENT	00 40000
68-1279	CERTIFICA	TE OF DEATH	reg. No. 68-12792
T, NAME OF DECEASED (Type or Print)  Louise She			OUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where de	ceosed lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LOCATION)		c.city or town Baltimore	S. INSIDE CITY LIMITS?
00 1821 E. 33rd Stre	et	E. STREET AND NUMBER 1821 E. 33rd S	1
5. SEX   6. RACE   7. MARRIED   WIDOWED	NEVER MARRIED**	8. DATE OF BIRTH 9. A lost 11-3-1893 75	GE (In years   If Under 1 Yr. If Under 24 Hrs birthday)   Months   Doys   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign of	ountry) 12. CITIZEN OF WHAT COUNTRY
	k Co.	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
C. Louis Cross		Sarah Willis (	Oross
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL	17. INFORMANT	ADDRESS
No	212-03-0570	Mrs. Lydia N.	Andrews Same
18410.4	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	17	41 4	BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) IMMEDIATELE X	ste Commany The	um bour
heart foilure, osthenia, etc. 11 means the disease		A CONSEQUENCE OF:	
injury at complication which caused death.)		01	- Po,
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	e C.V. obsteam
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the	DOE TO AS	A CONSEQUENCE OF:	10(2)
UNDERLYING CONDITION last.	(c)	int commany and	7963)
z 4-201/ 11			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20 A. AUTOPSX? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
WAS PERFORMED		no	CERTIFFING CAUSES OF DEATH?
O   21 A. ACCIDENT WAS UNDERLYING	me, farm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
W OF IN HIRV	E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
≥ (ADDROV)	hile At Not While At Work		
22. I certify that (1) (this hospital) attended			3 to December 19 19 68
that (1) we) lost sow the deceased alive an	DK.	15 1968 ond that is	
and haur and from the causes stoted obave	(I) (We) (did not) v		
23A. SIGNATURE			238. DATE SIGNED
Man. 16 M	edle peges Phy	nding Med. Staff	12/20/68
23C. PHYSICIAN'S	DEGREE	·	
		23 D. ADDRESS	1 / 0
NAME (Type) Dr. Nathan E	. Needle	6506 Park He	1 / 5
24A. BURIAL CREMATION, 24B. DATE 24C.N	. Needle DEGREE  IAME OF CEMETERY OF CR	6506 Park He	eights Avenue
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	. Needle DEGREE  IAME OF CEMETERY OF CR	6506 Park He	ights Avenue
24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) 12-21-68 G	. Needle	6506 Park He  EMATORY  /terkan   24D. LOCA  /terkan   Balt	eights Avenue

250 AUNERAL DIRECTOR ADDRESS
LENGY YORK ROAD Balto., Md. 21212 25A. DATE REC'D VS 150-REV. 1/1/6B



BIRTH NO.	LERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Haur
(Type or Print)	OF December 15 1069 6 00 P
	DEATH STATE OF THE
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	December 17, 1968 12:00 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
001132 Harford Avenue	A. STATE  B. COUNTY
0. 1132 Harford Avenue	Maryland  C. CITY OR TOWN  D. INSIDE LITY LIMITS?
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
male negro WIDOWED DIVORCED	Baltimore YES X NO [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER
June 14, 1917 51 Manths, Days, Haurs, Min.	1122 Howford Assessed
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1132 Harford Avenue
WHAT COUNTRY?	
Virginia	Unknown
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR dane during mast of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
Laborer	Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	
No	Mrs. Vivian Slacum 500 Winston Ave.
19. 5 7 / RI CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fatty Ti	
Tacty Li	
(A)IMMEDIATE	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF
injury at campilication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
S 6 6 1 0 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
Ü/,	Was (Dantis)
	Yes (Partial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY(e.g., hame, farm, factory, street, affice	in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	MHILE [-]
(AFFROX.) m. WORK L AT V	VORK L
	. [7]
	ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suici	de HomicIde Undetermined monner
1110.01	CHIEF MEDICAL EXAMINER
ACTUAL MANAGEMENT	ASSISTANT MEDICAL EXAMINER X
SIGNATURE (LU) - M.C	12/17/68
EXAMINER'S Werner U./Spitz M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type)	CONTINUE TO LOCATION (C. C. C
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
	lamatant Palta Ma
Burial 12/21/68 Mt Auburn C	emetery Balto. Md.
25A. DATE REC'D BYN FANH DERT 1968 25P NAME OF REGISTRAR	
The state of the state of	7 Wm 7 March 928 E. North Ave.



5-536

68-12794 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MED	DICAL	EXAMINER'S	CERTIFICATE	OF DEAT	TH REG. NO	68-1	2794
1. NAME OF DE (Type or Print)	ECEASED ]	May M S			2. DATE Known OF DEATH Estimo		mber 19,	Yeor Ho	iur N
4. PLACE IN BA	ALTIMORE, M	ARYLAND, Y	WHERE PR	ONOUNCED DEAD	3. DATE	Manth	Doy	Yeor Ho	our
FULL NAME OF HOSPITAL OR INSTITUTION		OT IN HOSPIT		ITUTION, GIVE STREET	PRONOUNCED D  5. USUAL RESIDENCE	Decem	ber 19,		:00 A.
Ba1	timore	City H	Hospit	al (DOA)	A. STATE Mary		B. COUNTY	Baltimo	,
6. SEX	7. RACE		B. MARR	IED 🛛 NEVER MARRIED 🗌	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	
Female	Wh	ite	WIDOW	ED DIVORCED	Essex		VF	s No	29
9. DATE OF BIR	TH	10. AGE (		If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NU	MBER		10-4 D	00
Nov.15,1	1900	last birthd		Manths Days Haurs Min.	Box 258 Ro	uto 16 (Fi	rd Piwer	Pond	3-00
11. BIRTHPLACE				12. CITIZEN OF	13. FATHER'S NAME	-	.ru kivei	Noau)	,
Penna.	(Sidie di lare	ign country)		UWHAT COUNTRY?	William Me				
14A.USUAL OCC	UPATION (G	ive kind of work	14B. KIND	OF BUSINESS OR INDUSTR	15. MOTHER'S MAID	EN NAME			
School School	Teache:	ren ifretired)			Elsie Down	ning			
16. WAS DECEA (Yes, no or unknown	SED EVER IN	U.S. ARME wor or dotes	of service)	? 17. SOCIAL 212-26-5316	Mr Howard	R Snyder		DDRESS	
DISEASES RISE TO THE UNDERLY!	ANTECEDEN'S OR CONDITION OF THE ABOVE C. ING CONDITIONS CONDITIONS CONDITIONS CONTRACTOR	T CAUSES TONS, IF AN AUSE (A) STA TION LAST.  II ONDITIONS C	oth.) Y, GIVING ITING THE	(B) DUE TO, OR (C)	AS A CONSEQUENCE OF				
DISE ASE O	RCONDITION	GIVEN IN F	ART 1 (A).						
ZUA. DAIE C	OF OPERATIO	N ZOR. CO	NOITION	FOR WHICH OPERATION W.	AS PERFORMED			21. AUTOPSY	? (Yes or No)
								No	
UNDERLYIN	RNAL CAUSE IG□OR CON AUSE OF DE	NTRIB-		22B. PLACE OF INJURY(e.g., hame, farm, foctary, street, affic	in ar abaut 22C. WHE e bldg., etc.) INJURY O	RE DID (If in Boltime CCUR?	are City, give exa	ct locotion)	
22D. TIME OF INJURY (APPROX.)		(Doy) (Yeo	,	WHILE AT NOT	WHILE ORK	DID INJURY OCC	CUR?		Hall.
	rtify that I		Inquiry [	Inspection X Au	topsy and th	nat on this basis	, deoth in my	opinion	
ACTUA SIGNA EXAMI	TURE	lease	81.0	Accident Suicio	CHIEF ME ASSISTANT MI	Undeterm EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER			E SIGNED
NAME	(Type)		5. Sp	ringate, M.D.				ember 19	
24A. BURIAL CRI REMOVAL (Spe		24B. DATE		24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	N (City, tawn	, ar county)	(Stote)
METALCH A WILL I JOVE									

112-26-6316 He Howard R Soydon

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Stemmar of Haiffiy

al ligaçõe basta de la ligaçõe

Baldworm, Estyland

Direct tel , socialist one form to be annot the first telephone to

VS 150-REV. 1/1/6

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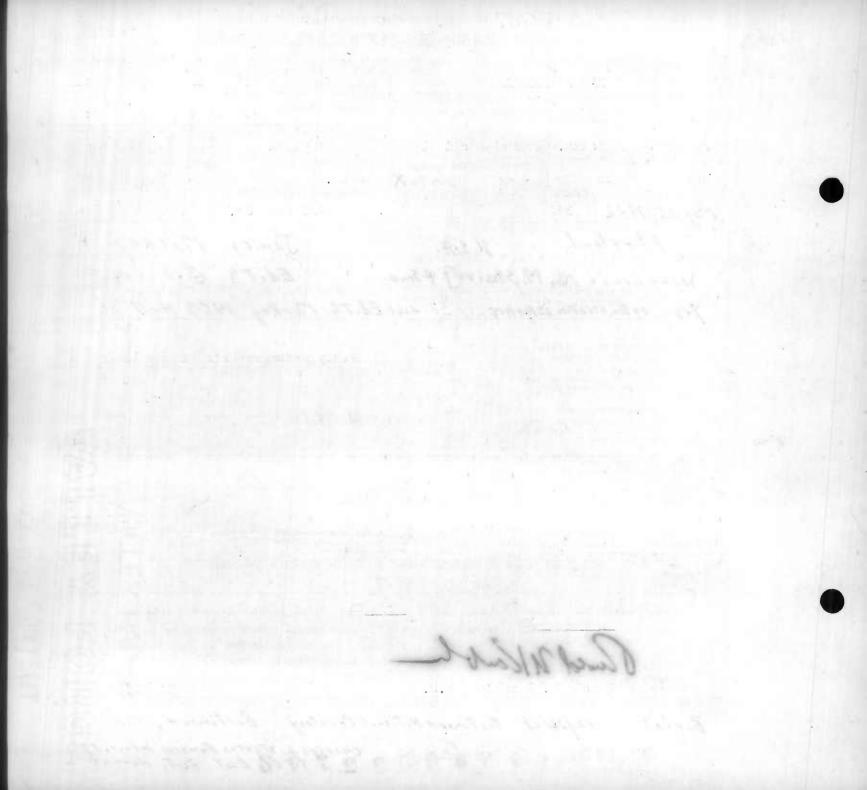
F 5 1871

M-620

68-12797 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-12797

BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day Year Haur
JAMES 'MARKEY	OF DEATH Estimoted 12 11 68 5:15 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD December 11, 1968 5:15 a M.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before gamission)
73 South Balto. General Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES NO [
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER 1457 Hull St.
11. BIRTHPLACE(Stote ar fareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME  James Markey
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
Warehouse Mis Misheivilly + Sous	Edith Gibson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates of service)  17. SOCIAL SECURITY NO.	Edith Gibson  1B. INFORMANT ADDRESS  DEdith Markey 1457 Hull ST.
19. CAUSE OF DEA!	
0 7/18	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Fatty matemania of the liver
LEADING TO DEATH  (A)IMMEDIATE C  (This does not mean the made of dying, e.g.,  DIFTO OR 4	
heort failure, asthenia, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(C)	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	
₹ 22Å. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	YES in or about 22C. WHERE DID (If in Boltimore City, give exact lacation)
22B. PLACE OF INJURY(e.g., hame, form, factory, street, affice units and control of the control	e bidg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INTURY	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT AT W	WHILE ORK
23.  I certify that I held on Inquiry Inspection	ond that on this basis, death in my opinion
resulted from Natural causes Accident Suicid	le Homicide Undetermined monner
0 1011	CHIEF MEDICAL EXAMINER
ACTUAL ( )	- ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.D	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 12/11168
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
DEMOVAL (C	
Burial 12/16/68 B2/Timora NoTi	OTAL CENTICITY WELLINGT TILL
25A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR	
DEC 201968 R. B. B. E. Atta Bung	25C. FUNERAL DIRECTOR ADDRESS Charles L. STEVENS Funeral Home, Inc.



1-250

68-12798 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68-12798

BIRTH NO.					3	REG. NO		~~~	
1. NAME OF DECEASED	W.	(- a)	2. DATE	Knawn 🗓	Manth	Day	Year	Haur	
(Type or Print) ERNE	ST JACKS	ON	OF DEATH	Estimated	Decembe	er 18,	1968		м.
4. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRO	ONOUNCED DEAD	3. DATE		Manth	Day	Year	Hour	
FULL NAME OF (IF NOT IN H HOSPITAL ADDRESS OR	OSPITAL OR INSTI	TUTION, GIVE STREET	PRONO	UNCED DEAD	Decembe	er 18,	1968	11:20	A.
OR INSTITUTION	COCATION			ESIDENCE (Where	deceased lived.	If Institution:			
Bon Secours	Hospital	(DOA)	A. STATE	Maryland	В.	COUNTY	2 6	5- 0	21
6. SEX 7. RACE		ED NEVER MARRIED	C. CITY OF	TOWN	D.	INSIDE CIT	Y LIMITS?		
Male Negro	WIDOW			Baltimore		YE	s 🔀	NO 🗆	
9. DATE OF BIRTH 10. A	GE (In years	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET	AND NUMBER					
5-25-1918	50	Manths   Days   Haurs   Min.		2528 West	Favette	Street	t		
11. BIRTHPLACE (State or foreign cau	ntry) 1	2. CITIZEN OF	13. FATHER						
Glouchester Co.	. Va	WHAT COUNTRY?	TOH	HENRY :	TACKSON				
14A. USUAL OCCUPATION (Give kind of	f work 14B. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME				
dane during mast of warking life, even if re	Md.	Drydock	CTAI	RA JONES					
16. WAS DECEASED EVER IN U.S. A	RMED FORCES	17. SOCIAL	IB. INFOR			AD	DRESS		
(Yes, na ar unknawn) (If yes, give war ar	dates of service)	218-05-414	OMma	Minnie (	Toolenon	252	8 TAT -	Fayet	te St
19. 4 0 4		CAUSE OF DEA		MIIIIII 6	Jackson		AF	PROXIMATE INT	ERVAL
7561							BETW	VEEN ONSET AN	DEATH
DISEASE OR CONDITION				Dugarania					
(This does not mean the made		(A)IMMEDIATE (	AS A CONSE	Pneumonia	1				
heart failure, asthenia, etc. It me injury ar complication which cau	ans the disease,	DUL 10, OK	AS A CONSE	OLIVEE OI .					
injury at complication which can	oca ac am.,								
ANTECEDENT CAUS		(B)							
DISEASES OR CONDITIONS,	IF ANY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYING CONDITION	ÁST.	(c)							
2 4 9 2 X II									
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA									
DISEASE OR CONDITION GIVE									
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 20B	CONDITION	OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar	No)
100							Ye	es	
22A. EXTERNAL CAUSE WAS	- 1	22B. PLACE OF INJURY (e.g., name, farm, factory, street, affic	in ar abaut	22C. WHERE DID	(If in Baltimare C	ity, give exac	t lacation)		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		idine, idini, idilary, sireet, dire	e bidg., etc.)	WORL OCCOR.					
≥ 22D. TIME (Manth) (Day)	(Year) (Haur	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR?		_		
(APPROX.)			WHILE ORK						
23.									
I certify that I held a	n Inquiry	Inspection Au	topsy X	ond that on t	his basis, de	ath in my	opinian		
resulted from: Noture	l causes X	Accident Suici	de H	omicide 🗌	Undetermined	manner [			
01	0			CHIEF MEDICAL I	EXAMINER [	]			
ACTUAL (les	100	Lugat "	ASS	ISTANT MEDICAL	EXAMINER [	k		DATE SIGN	FD
SIGNATURE Charl	eg S Sn	ringate, M.D.		OCIATE MEDICAL I	EXAMINER	Dece	amber	19, 19	68
NAME (Type)	cs o. op	Lingace, II.D.	733	Delate medical		Dece	LINDCL	1, 1,	50
24A. BURIAL CREMATION, 24B. D	ATE	24C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City, tawn	ar caunty	) (State	)
REMOVAL (Specify)	22 68	Ambastas Ma		7)-	D-7-4		36		
Burial   12	-23-68 1258 NA	Arbutus Me		FUNERAL DIRECTO	Baltim	ore,	DRESS	arylar	Id_
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 175	A 73 40							
DEC 201	968 R.D	. A 20 Jullan	12 MO	RIJIN & D	TELL E.	H. 17	01 L	aurens	St.

VS 151-REV. 1/1/68

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## 68-12799 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRT	HNO.									REG. NO			
1. NAME OF DECEASED (Type or Print)					2. DATE	Known X	Month	Doy	Yeor	Hour			
HATTIE MELTON					OF DEATH	Estimoted	Decemb	er 18,	1968	1:40	P _M .		
4. PI	ACE IN BALT	IMORE, MA	RYLAND, W	HERE PI	RONO	UNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour	3 4
HOS	NAME OF PITAL NSTITUTION	(IF NO	T IN HOSPITA	L OR INS	TITUTIO	N, GIVE STREET		UNCED DEAD  ESIDENCE (Where		er 18,		1:40	
3	)	Hopki	ns Hos	pital	L	(	A. STATE	Maryland		COUNTY	10 -	02	
6. SI	X	7. RACE		B. MARE	RIED	NEVER MARRIED	C. CITY OR	TOWN	Ī	. INSIDE CIT	Y LIMITS?		
F	emale	Ne	gro	WIDOV	WED [	DIVORCED		Baltimore		VE	s 🖾 n	NO 🗆	
9. D	ATE OF BIRTH		10. AGE (In	yeors	If Und	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		,,,	,	40 L	
6	-16-19	16	lost birthdon 52	()	Month	s Doys Hours Min.		817 Aisqu	ith Str	eet			
11. B	IRTHPLACE (S	tote or foreig	n country)			TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME					
Da	rlingt	on. S	.C.		T	I.S.A.	Norm	an John	on				
14A.I	JSUAL OCCU	PATION (Giv	e kind of work	4B. KINE	OF B	J.S.A. USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
	during most of winemplo		en irretirea)				Hatt	ie Brown	,				
16 1	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	\$?	17. SOCIAL	1B. INFOR			AD	DRESS		
(Yes.	no or unknown)	(If yes, give v	vor or dotes	of service	•)	SECURITY NO.	Mrs.	Jeanett	e Brow	vn 817	Aisa	uith :	St.
_	9. 11	1 4		_		CAUSE OF DEA		0 0 01210 0 0	220.	122 021	APF	ROXIMATE INTE	RVAL
	78	6/1									BETWI	EEN ONSET AND	DEATH
		OR COND	ITION DIREC	CTLY			Δ	cute pneum	nonitie				
			mode of dyi	ina. e.a		(A) IMMEDIATE C	AS A CONSEC	-	MOHITCES.				
	heort foilure,	osthenio, etc	. It meons the	diseose,		DOL 10, OK 1	AS A CONSEC	POLITCE OF	1				
	injury or com	pheonon with	cii coosca aco	,					0				
		NTECEDENT				(B)							
	DISEASES C	AROVE CA	ONS, IF ANY USE (A) STAT	, GIVING	-	DUE TO, OR	AS A CONSE	QUENCE OF:					
7		IG CONDIT				(c)							
<u> </u>	4018	,	II	_	_	***************************************							
×			NDITIONS CO										
	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)	AIN AL				· · · · · · · · · · · · · · · · · · ·				
CERTIFICATION	OA. DATE OF	OPERATION	N 20B. CON	NOITION	FORV	VHICH OPERATION W	AS PERFORA	MED	13.		21. AUTO	PSY? (Yes or	No)
Ö	2,											Yes	
	2A. EXTERI	NAL CAUSE	WAS		22B. PI	ACE OF INJURY(e.g.,	in or obout	22C. WHERE DID	(If in Boltimore	City, give exo	t locotion)		
	UNDERLYING				home,	form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?					
W.	UTING LI CA		ATH. Doy) (Yeor	) (Hou	(r) 22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR	??			
1	OF INJURY	(,	(100)	, (	1		WHILE						
	(APPROX.)				m. W	ORK L AT W	ORK L						
		ify that I h	eld an I	nquiry [		Inspection Au	topsy X	and that on the	his bosis, d	eoth in my	opinion		
	result	ed from: N	lotural cou	ses X	Ac	cident Suicio	de H	omicide 🗌	Undetermine	ed monner			
		0	1	7		D		CHIEF MEDICAL E	EXAMINER [				
	ACTUAL	(	len!	().	_	5-3/	ASS	ISTANT MEDICAL E	EXAMINER [	X		DATE SIGNE	ED
	SIGNATU		1 1	2 0		M.D		OCIATE MEDICAL E	YAMINED T	7 .		10 100	. 0
	NAME (T	ype)	naries	5. 5	pri	ngate, M.D.	A334	CIAIL MEDICAL L	ZOAMII VER	Dece	mber	19, 196	8
	BURIAL CREA	MATION, 2	24B. DATE		240	NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, town	or county)	(Stote	)
	OVAL (Specif	y)											
		1	7000	10		10 40 A 40 M		A	Λ /1-		76	E	
	urial		12-23		IA BAE	Mt. Calvar			A. Co			yland	
	urial DATE REC'D	BY HEALTH		25B. N	Ma.	Mt. Calvar OF REGISTRAR	25C.	FUNERAL DIRECTO	OR		DDRESS		

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
Was	pri ppri
i.E	Sed
s ce	ced:
Thi the sho	de V

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 68-12300 CERTIFICA	ATE OF DEATH
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WILLIAM KEYES (MELS)	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD.
INSTITUTION	C. CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  YES V NO
33 THE JOHNS HOPKINS HOSPITA	E. STREET AND NUMBER
BALTIMORE, MD. 21205	919 SOMERSET ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
MALE NEGRO WIDOWED DIVORCED	1/1/91 77
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Chauffuer	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSHUA KEYES (Keys)	SARAH Larkin
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No. 217-05-8553	Mrs. Ellen Giles 2506 Chelsa Terr.
18. 24.5 21 CAUSE OF DEA	TH APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and Phat Show
(A) IMMEDIATE CA	S A CONSEQUENCE OF:
hearl failure, asthenia, etc. II means the disease, injury or camplication which coused death.)	
ANTECEDENT CAUSES	cute Myocardial Infarction 4 days
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	tatus Epilepticus 5 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A).	Somation 5 days
	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Baltimore City, give exact location)
O 21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  While At   Not Wh Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	12/13/ 1968 to 12/19 1968
that (1) (we) last saw the deceased alive an 12/18/	19 68 and that in(my) (aur) apinian death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
	tending Med. Shaff Phys. 12/19/68
23C. PHYSICIAN'S NAME (Type) Edward Block MD	Vohns Hon Kins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12-23-68 Mount Calvary	Cemetery A.A. Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
DEC 201968 Plub E, Fadeuns	MORTÓN & DYETT F.H. 1701 Laurens St.
V\$ 150-REV. 1/1/6B	

Acute Physaudual Sufaction " the States Sporter of the States of the Sta

181/22 /81/22

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12/18/63

Edward & mak Jamo

1879 C. Musumant St. Salling S. P. P.

00 40	BALTIMORE CITY	HEALTH DEPARTMENT		68-12802
BIRTH NO. 58-12	802 CERTIFICA	TE OF DEATH	Registered Na	OU TYOUK
M.E. CASE NO. 1, NAME OF DECEASED			OUR OF DEATH	
(Type or Print)  LILLIE A. I	RPOLIN	12-17		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	DROWN	4. USUAL RESIDENCE (Where de		ution: residence before odmission
		A. STATE B. COUNTY		
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street		LTIMORE C	RAL ond give township)
INSTITUTION		Baltimore	city minis, while kok	AL one give lownship)
608 Edgewood Street			give location)	, ,
OO Hagowood Bulloon		608 Edgewood	(Stmoot	16-08
SEX 6. RACE 7. MARR	IED, NEVER MARRIED			If Under 1 Yr. , If Under 24 Hrs.
FEMALE NEGRO WIDE	WED, DIVORCED (specify)	9-20-1897   lost 7	birthdoy) N	Aonths Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (State or foreign c	ountry) 1	12, CITIZEN OF
one during most of working life, even if retired)			,	WHAT COUNTRY?
Retired-Domestic		Richmond, Virg	inia	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ROBERT BROWN		MARY TURPIN		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL	17. INFORMANT	1 -	ADDRESS
The state and th	230/48/7101	Virginia T. T	aylor 50	8 Edgewood St
18.412	CAUSE O		Ba	Itimore Md.
DISEASE OR CONDITION DIRECTLY	011002			ONSET AND DEATH
LEADING TO DEATH	Car al.	15/22/6/10	12 000 500	2 100 W
(This does not mean the made of dying,	0.9.,	19.167 (G. N.	NIFES	
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,			
ANTECEDENT CAUSES	(8)			AN AAAA HE EQ HE EQ 00 00 00 00 00 00 00 00 00 00 00 00 00
DISEASES OR CONDITIONS, if any, give	DUE TO			
rise to the above cause (A) stating				
UNDERLYING CONDITION Iosi.				
, 422./ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20A. ALITOPSY2 (Yes or No)] 20	R IF YES WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OK WHICH O'LKAHON	20 A. AUTOPSY? (Yes or No.) 20 IN	CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 & PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimare C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, Jorm, foctory, street, of	fice bldg., INJURY OCCUR?		ing give and incomm
2				
OF IN HIRY	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
(APPROX.)	While At Not While At Work			1.0
22. I certify that (I) (this hospital) attended	ed the deceased from	4-19- 196	7 10 12 1	7 19
that (I) (we) last saw the deceased alive	10		1	an death accurred on the dat
			r(my) (om.z.sprina	in death accorred on the do
and haur and from the causes stated above 23A. SIGNATURE	e. (I) ( <del>3%e)</del> (did) ( <del>did ποι)</del> ν	iew the bady after death.	To a	DATE CIONED
23A. SIGNATURE	A.D. Atte	nding Med. Stoff		BR DATE SIGNED
John John	Phy:	Director Phys		11-61
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	W sc	AUS
WEI MOISI-M	atte M.D.	217 V 10	- 07 da	~ nid 121
4A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY or CRE	MATORY 24D. LOCA	TION (City,	town, or county) (Stote)
REMOVAL (Specify)	W. 0.7		• 11:0	
	Mt. Calvary Co	metery Balt	imore, Ma	ryland
	4 0 70 n	MORTON & DYE	TT FUNERA	L HOMES INC
DEC 201968 02.0.	J. Z. William	1701 Laurens	St., Bal	to., Md. 2121
\$ 150-REV. 1/1/65				

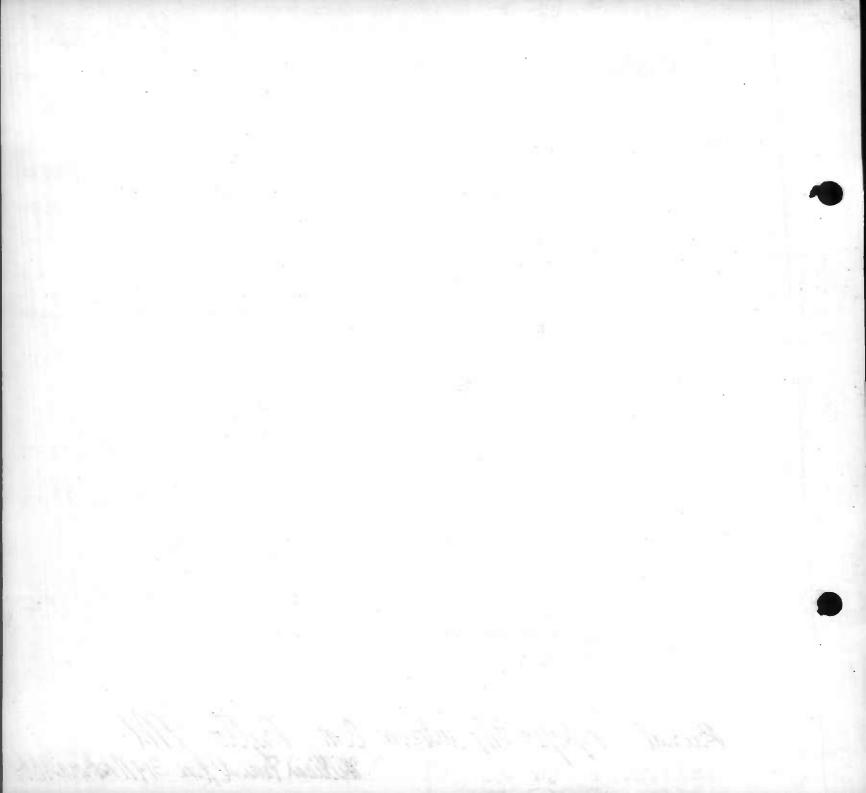


VS 150-REV. 1/1/6B





BALTIMORE CITY HEALTH DEPARTMENT



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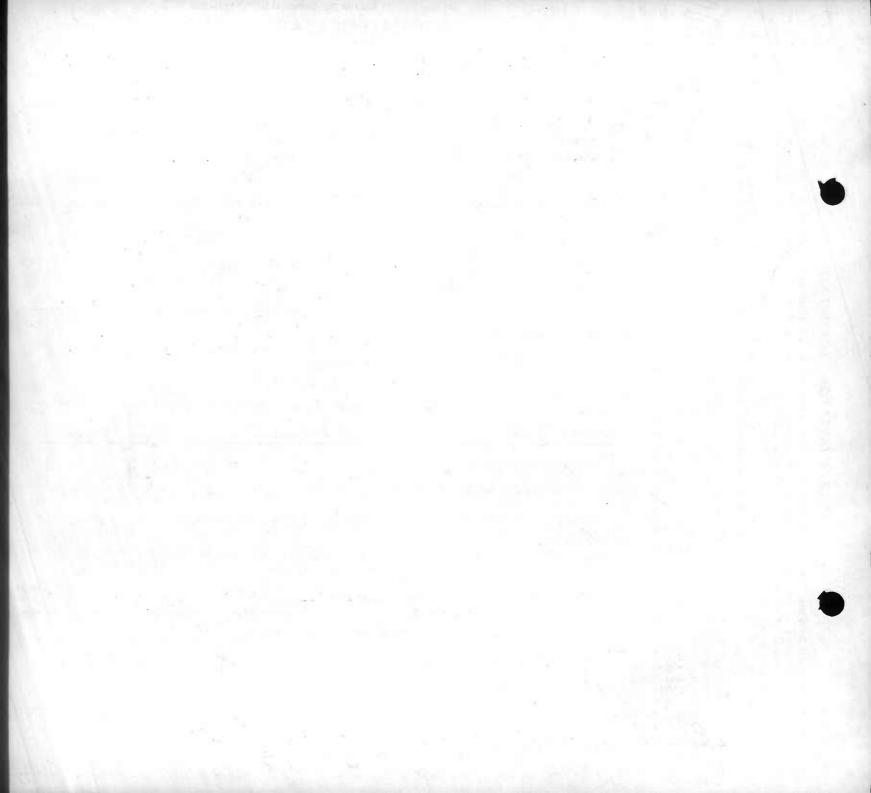


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH death Deceased BIRTH NO 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) RUTH E. OLIVER 1968 16 uo hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE attendance Md (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C CITY OR TOWN D. INSIDE CRY LIMITS? BALTIMORE YES NO LUTHERAN HOSPITAL OF MARYLAND prior E. STREET AND NUMBER BRADDISH Undetermined is made. contribut regular 9. AGE (In years If Under 1 Yr. Manths Days 8. DATE OF SIRTH If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Hours tast birthday FEMALE NEGRO WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) US NURSE AIDF ROSEWOOD STATE HOSP 13. FATHER'S NAME 14. MOTHER-S MAIDEN NAME IMPORTANT u o death 15. Was Deceased Ever in U. S. Armed Farces? ADDRESS 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (It yes, give war or dates of service) SECURITY NO. attendance APPROXIMATE INTERVAL or BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed MALNUTRISION LEADING TO DEATH SEVERE (A) IMMEDIATE CAUSE racture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular DIRECTOR: injury or complication which caused death.) ANTECEDENT CAUSES CARCINOMA are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the physician UNDERLYING CONDITION last. before the remains Was H FUNERAL ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) ere hame, farm, factory, street, affice bldg., INJURY OCCUR? hospital °Z DEATH (notity medical examiner) MEDIO 21 D. TIME OF INJURY (Haur) 21E. INJURY OCCURRED 21E, HOW DID INJURY OCCUR? obtained (Manth) (Day) (Year) (except While At Nat While (APPROX.) Work At Work and any 68 22. I certify that (1) (this haspital) attended the deceased from 19 6 8 16 that (1) (we) lost sow the deceased alive on ... ond that in (m) (our) opinion death occurred on the date of hospital death) and hour and from the causes stated above. W (We) (did) (Sichael view the body after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [ Med 0 Director written approval GEGRE 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate at NAME (Type) EOHONGS UTHERAN 24A. BURIAL CREMATION, 248, DATE CEMETERY OF CREMATORY 24D. deceased REMOVAL (Specify) shows: 1250 FUNERAL DIRECTO Was 258. NAME OF REGISTRAR



VS 150-REV. 1/1/68

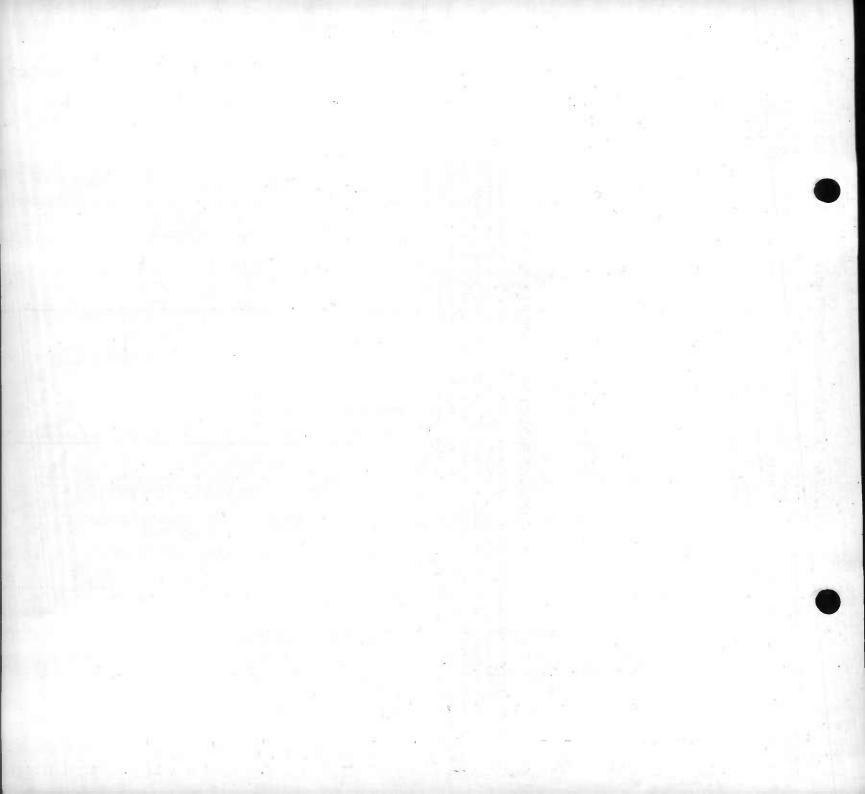
BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/68

	BALTIMORE CITY	TE OF DEATH REG. NO	68-12811
PINTU NO	68-12811 CERTIFICA	TE OF DEATH REG. NO	
BIRTH NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print)	e Vowels	December 15.	1968   4;00 a
3. PLACE IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admissi
S. PEACE IN BACHWORL WARIES	TO, WHERE TROTTO OTT CED DEAD	A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN	OSPITAL OR INSTITUTION, GIVE STREET	Maryland	1
INSTITUTION		C. CITY OR TOWN	INSTRE CITY LIMITES
2124 Walbrook		Baltimore	YES NO NO
Baltimore, M	aryland 21217	E. STREET AND NUMBER	
		2121 Walbrook Avenue	
6. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
Female Negro	WIDOWED DIVORCED	2-9-1880 lost birthdown	
OA, USUAL OCCUPATION (Give kind	of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN
done during most of working life, even if r	etired)		
Housewife		Virginia 14. MOTHER'S MAIDEN NAME	USA
STAINER S NAME		14. MOTHER'S MAIDEN NAME	
James Marshall		Rosalie Strothers	
5. Was Deceased Ever in U. S. Am Yes, no or unknown) (If yes, give wor	ned Forces?  or dotes of service)  1 6. SOCIAL  SECURITY NO.	17. INFORMANT	ADDRESS
	SECURIT NO.		
No	CAUSE OF DEAT	Robert T. Vowels II	1930 Mosher Stree
18. 47/1			BETWEEN ONSET AND DE
DISEASE OR CONDITION	N DIRECTLY	· · · · · · · · · · · · · · · · · · ·	2 12 /2 5:
	(A) IMMEDIATE CAL	SEYNUS PROGRAMAN !	9 20447
(This does not mean the mo	meons the disease,	A CONSEQUENCE OF:	
injury or complication which o	aused death.)		Contraction and
ANTECEDENT CA	AUSES (S) 1 N	591191	199W1
DISEASES OR CONDITIONS	, if any, giving DUE TO, OR AS	A CONSEQUENCE OF	
rise to the above couse	(A) stating the	1.5/100 ( 1) TOL DIE 1/2	727 WILKNER
UNDERLYING CONDITION IO	st. (C)	MAN	A CONTRACTOR
748-0X II			100
OTHER SIGNIFICANT CONDITION			
d DISEASE OR CONDITION GIVEN	IN PART 1 (A).	20A ALTODOMO (Vo. o. No.) 20B IF YES IV	CON ENIONICS CONSIDERED
	AS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
		1 1010 11110	
OR CONTRIBUTING CAUSE	home, form, foctory, street, of	fice bidg., INJURY OCCUR?	timore City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy)	(Yeor) (Hour) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whil		
	Work At Work		
22. I certify that (1) (this ha	spital) attended the deceased fram 1	- S-56 1956 to 1	2-15-19
that (I) (we) last saw the de	ceased alive an 12-14 b	19and that in(my) ( <del>our)</del>	opinian death occurred an the
and have and from the cause	s stated abave. (I) (We) (did) (did_not) v	iew the bady after death.	
23A. SIGNATURE	\ \ \		238, DATE SIGNED
100		nding Med. Stoff	17-11-19
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	1000
NAME (Type)		£ 2201 21 1 2 1 4 4	DL . DI.
Millor	Egget from I and	117 W 12 17 19	n of
24A. BURIAL CREMATION, 24B. DA	TE 24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION	(Chy, fown, or county) (Stote
REMOVAL (Specify)	20 60 0	7 3 30	
Burial   12	-18-68   Carver Mem. Par	k Laural, Mar	yland
	_ 1 4 7 1 4 4 - 6 7	/   / // 14 13 /	
BEN AU	960 Pluo E. Jaliana	Arlington S. Phillips	1727 N. Monroe Str



MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.	25.0
MEDICAL		CERTIFICATIE	0.	R	(EG

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Haur
(Type or Print) WILLIAM J. WEILER	OF DEATH Estimated December 6, 1968 6:45 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 6,1968 6:45 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
MERCY HOSPITAL (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	YES NO [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.	2933 Fait Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
MARYLAND U.S.A.	ASA P. WEILER
14A.USUAL OCCUPATION (Give kind af wark 14B. KIND OF BUSINESS OR INDUSTRY dane during most of warking life, even if retired)	
MAINTENANCE GEN. MOTORS	BRIDGET NOONAN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give war or dotes of service) SECURITY NO.	MRC ANGELINE WEITER 2933 KDITA
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
C883X	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multiple	Traumatic Injuries
LEADING TO DEATH (A)IMMEDIATE C	
heort foilure, osthenia, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury or camplicotian which caused death.)	
ANTECEDENT CAUSES (8)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OD THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W/O	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Arteri	osclerotic Cardiovascular Disease
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or Na)
02	yes
Z2A. EXTERNAL CAUSE WAS   228. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  Plant (f	LOSE MONTH IN THE PROPERTY OF
OF INTURY	bloening Awy.
(APPROX.) 12 6 68 6:00 WHILE AT XX NOT AT W	Subject Fell from elevator shaft
23.	
I certify that I held on Inquiry Inspection Au	topsy XX and that on this basis, death in my opinion
resulted from: Notural cousesAccident XX Suicid	le Homicide Undetermined monner
0 11111	CHIEF MEDICAL EXAMINER
ACTUAL / / ///	ASSISTANT MEDICAL EXAMINER
SIGNATURE Word I Color M.D	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	or CREMATORY 24D. LACATION (City, tawn, or caunty) (State)
REMOVAL (Specify)	(State)
DURIA 12-10-1968 HOLY KOSARY	(EMETERY WALTIMORE MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
BEC 20 1968 (P. D. A. 25 TAQ A.	Dan Qual Kang Court 2525 FLEE
are a man dividence of committee	THYMONDY. INACLOROUSICI ST.
VS 151-REV. 1/1/68	1

Tip hypograph En AND THE RESERVE OF THE PARTY OF 

IMPORTANT



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

If Under 24 Hrs.

IMPORTANT FUNERAL DIRECTOR: to the hospital

VS 150-REV. 1/1/6B

and

hospital



FUNERAL DIRECTOR: IMPORTANT

00		200	1 (0 1001-
BIRTH NO.	-12815 CERTIFICA	TE OF DEATH	0 00-12815
I, NAME OF DECEASED	ohn C. Ashton	2. DATE AND HOUR OF DE	ATH
	ON Mr. JOHN	1 4 . 12.18.6	08 112-15 noon
3. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (Where deceosed lived. A. STATE B. COUNTY	If institution residence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Manyland	Baltimore Co 33-0
HOSPITAL OR ADDRESS OR LOCA	eneral Hospital	C. CITY OR TOWNSparrows Point	INSIDE CITY LIMITS?
10 Maryland	Genevel	Baltimore	YES NO 🔼
11 X		E. STREET AND NUMBER	
TO Ho	Spita	1230 13 eec	hwood Rd.
SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months: Days Hours: Min.
Male White	WIDOWED DIVORCED	6.20.78 90	
OA, USUAL OCCUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	E-C1-D1	Pennsylvanis	U.S.A.
3. FATHER'S NAME	h-Steel)	14. MOTHER'S MAIDEN NAME	C.13.11.
Amount &	Agr. by		
Edmund	Ashton	Anne Ko	son hs
5. Was Deceosed Ever in U. S. Armed Ford Tes, no or unknown) (If yes, give wor or dotes	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT (Son) Sparr	ows Point, Md.
No	217-01-4471A	Mr. L. E. Ashton, 1230	
18. 44.44 O. 9	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if or rise to the above cause (A) UNDERLYING CONDITION last.	atation the	I monay emphyse	24M 8
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 198. CONI WAS PERF	HE TERMINAL  T 1 (A).  DITION FOR WHICH OPERATION	IN CERTIFYING	TERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HE TERMINAL [ ] (A). DITION FOR WHICH OPERATION ORMED    21B. PLACE OF INJURY (e.g., home, form, factory, street, c	No IN CERTIFYING	TERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION GIVEN IN PART 19.A. DATE OF OPERATION 19.B. CONDITION WAS PERF 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	HE TERMINAL  (1   A).  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	NO in or about 21C. WHERE DID office bldg., INJURY OCCUR?  (If in Bol)	CAUSES OF DEATH?
O THER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERF 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)	HE TERMINAL  (1   (A).  DITION FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour) 21E. INJURY OCCURRED	NO IN CERTIFYING in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTOUTIONS C	HE TERMINAL  (1   A).  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	NO IN CERTIFYING in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTOUTIONS C	HE TERMINAL  (T   (A).  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour)  21E. INJURY OCCURED  While A1 Not White At Work	NO in or about 21C. WHERE DID (If in Boldflice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Itimore City, give exoct locotion)
OTHER SIGNIFICANT CONDITIONS CONTOUTIONS CONTOUTIONS CONTOUTIONS CONTOUTION C	HE TERMINAL  [] (A).  DITION FOR WHICH OPERATION  ORMED    218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour) 21E. INJURY OCCURRED  White At Not White At Wark  ) attended the deceased fram	NO in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Itimore City, give exoct locotion
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) that (1) (we) last saw the decease.	AE TERMINAL  (1 (A).  DITION FOR WHICH OPERATION  CRMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Wark  ) attended the deceased fram  d alive an 12 18	NO in or about 21C. WHERE DID (If in Boldffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Itimore City, give exoct locotion
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTON WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) that (1) (we) last saw the decease and haur and fram the causes state	AE TERMINAL  (1 (A).  DITION FOR WHICH OPERATION  CRMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Wark  ) attended the deceased fram  d alive an 12 18	NO in or about 21C. WHERE DID (If in Boldffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	ltimore City, give exoct location)
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) that (1) (we) last saw the decease.	AE TERMINAL  [1] (A)  DITION FOR WHICH OPERATION  CRMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not White A1 Wark  ) attended the deceased from 1  d alive an 1  ed abave. (I) (We) (did) did nat)	NO  IN CERTIFYING  in or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	Itimore City, give exoct location)  19 0 apinian death accurred an the day
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTON WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) that (1) (we) last saw the decease and haur and fram the causes state	HE TERMINAL  (1   (A).  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, factary, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not White A1 Wark  At Wark  at the deceased from A dalive an A dalive a	NO  in or about 21C. WHERE DID iffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  12	limore City, give exoct location)
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTON WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) that (1) (we) last saw the decease and haur and fram the causes state	ETERMINAL  (1) (A).  DITION FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)  (Hour) 21E. INJURY OCCURRED  White A1 Not White A1 Wark  ) attended the deceased fram 1  d alive an 2  ed abave. (I) (We) (did) did nat)	NO  IN CERTIFYING  In or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	Itimore City, give exoct location)  1 3 19 6 9  apinian death accurred an the da  23B, DATE SIGNED  1 3 18 6 8
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE	HE TERMINAL  (1   (A).  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, factary, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not White A1 Wark  At Wark  at the deceased from A dalive an A dalive a	NO  IN CERTIFYING  in or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	Itimore City, give exact location)  1 3 19 6 8  1 apinian death accurred an the da
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONI WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. TIME (Month) (Doy) (Year)  22A. I certify that (I) (this hospital) that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 124B. DATE	Att Pho	NO  IN CERTIFYING  In or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 5 and that in (my) (aur)  view the bady after death.  ending  Med. Stoff ys. Director Phys. D  23D. ADDRESS  Mayland Gen,	Itimore City, give exact location)  1 3 19 6 9  apinian death accurred an the da  23B, DATE SIGNED  1 3 18 6 8
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19.A. DATE OF OPERATION 19.B. CONTO OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this hospital) that (I) (we) last saw the decease and haur and fram the causes state 23.A. SIGNATURE  23.C. PHYSICIAN'S NAME (Type)  24.A. BURIAL CREMATION, 24.B. DATE REMOVAL (Specify)	At Wark  attended the deceased fram  attended the deceased	NO  IN CERTIFYING  In or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	apinian death accurred an the da  23B. DATE SIGNED  1 2.18.68  Has pido (City, town, or county) (Stote)
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TO THE RIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19.A. DATE OF OPERATION 19.B. CONI WAS PERF 19.A. DATE OF OPERATION 19.B. CONI WAS PERF 19.A. DEATH (notify medical examiner) 21.D. TIME (Month) (Doy) (Year) 21.D. TIME (Month) (Doy) (Year) 22. I certify that (I) (this hospital) that (I) (we) last saw the decease and haur and fram the causes state 23.A. SIGNATURE 12.A. SIGNATURE 12.A. SIGNATURE 12.A. BURIAL CREMATION, 12.4B. DATE REMOVAL (Specify) 19.A. DATE REMOVAL (Specify)	At Wark  attended the deceased fram  attended the deceased	NO  IN CERTIFYING  In or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	causes of DEATH?  Itimore City, give exoct location)  1 3 18 19 6 3  apinian death accurred an the do  23B. DATE SIGNED  1 3 18 6 8  Has pido (City, town, or county)  Cockeysville, Md.  ADDRESS

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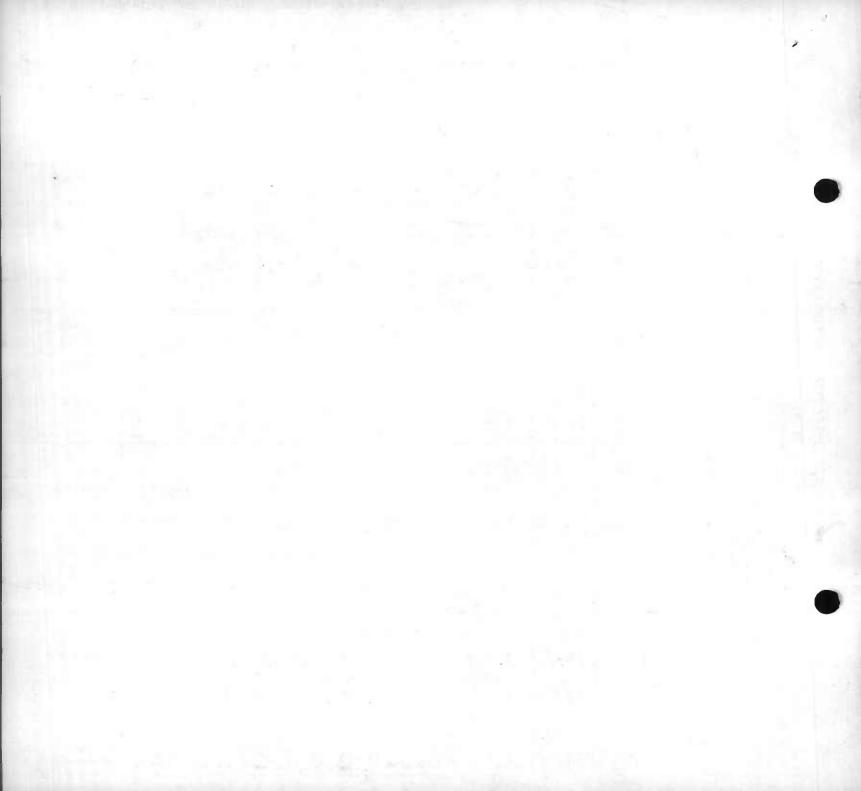
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1 12	68-12846 BALTIMORE CITY	Y HEALTH DEPARTMENT
sed the the	BIRTH NO. 68-12816 CERTIFICA	TE OF DEATH
000	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
ece h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DREEMBER 17, 1968 + + coPM.  [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
600	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PENN. LUZERNE V-35
e; (5	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
- Te	BASIMORE Ciry Hospirals	Flynouth YES NO
r att prior	37	R70 T
200 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months; Doys   Hours   Min.
ontrib ermin regule eased is ma	WIDOWED DIVORCED	HPRIL 8, 1882 86
0 + - 0 -	done dyring most of working life, even if relired)	
or siting	Housewife	RADI, Flymouth, PENN, U.S.A.
wa wa the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- L = = = (	15: Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL	Lmily WINN  17. INFORMANT  ADDRESS
- a a	15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or dates of service)	IV. INFORMANY
o, if the nced decendance	18. 21 3 9 1 CAUSE OF DEAT	APPROXIMATE INTERVAL
an, if	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Also noun atte	LEADING TO DEATH	
	heart tailure, asthenia, etc. It meons the disease,	A CONSEQUENCE OF:
act pr cla	injury or complication which caused deoth.)  ANTECEDENT CAUSES	
A fr who reg		A CONSEQUENCE OF:
(3) ex	rise to the above couse (A) stoting the UNDERLYING CONDITION last. (C)	
burns; hysicia n was	834 Y II	
edic burr hysi	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
dy dy icia		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
th th ys	19A. DATE OF OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., )	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, factory, street, a	in or about 21C. WHERE DID (If in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
P Z S G S G	DEATH (natify medical examiner) etc.)  D 21D.TIME (Month) (Doy) (Year) (Hour) 21E, tNJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp natu ept d (6)	OF INJURY While At Mot While	le 🖂
he he have	22. I certify that (I) (this haspital) attended the deceased fram	Oct 1968ta Dec 1968
· · ·	that (I) (we) last saw the deceased alive an Deceased 17	19 6 and that in (my) (sort apinian death accurred an the date
sed to ent of spital death)	and haur and fram the causes stated above. (1) (#e) (did) (did not)	view the bady after death.
len len osp dec dec	23A. SIGNATURE	23B. DATE, SIGNED
ele cricio to to	DEGREE Phy	
at and rook	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
was A. at Prio	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	EMATORY 124D. DOCATION (City town or county) (State)
3.0.0 Sed	REMOVAL (Specily)	e Peners A seed 111
nows: (1 as D.O. eceased	25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
the show	DEC 20 1808 Of Grant & Stangarde	Thelim Washism 8521 hold KAVEN BIVD
	VS 150-PEV 1/1/68	0 // //



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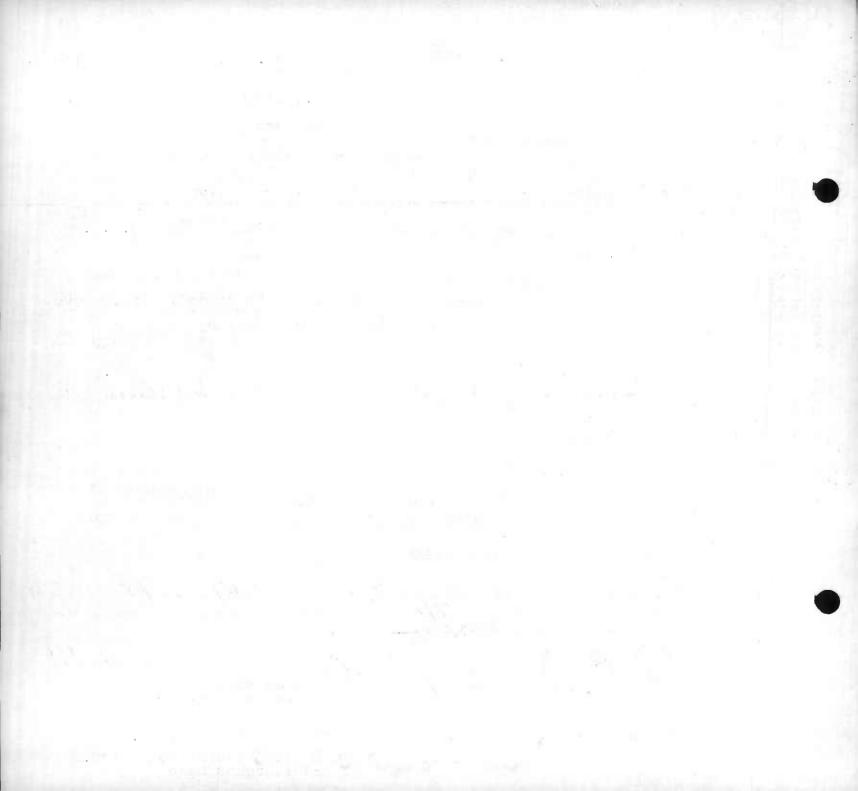
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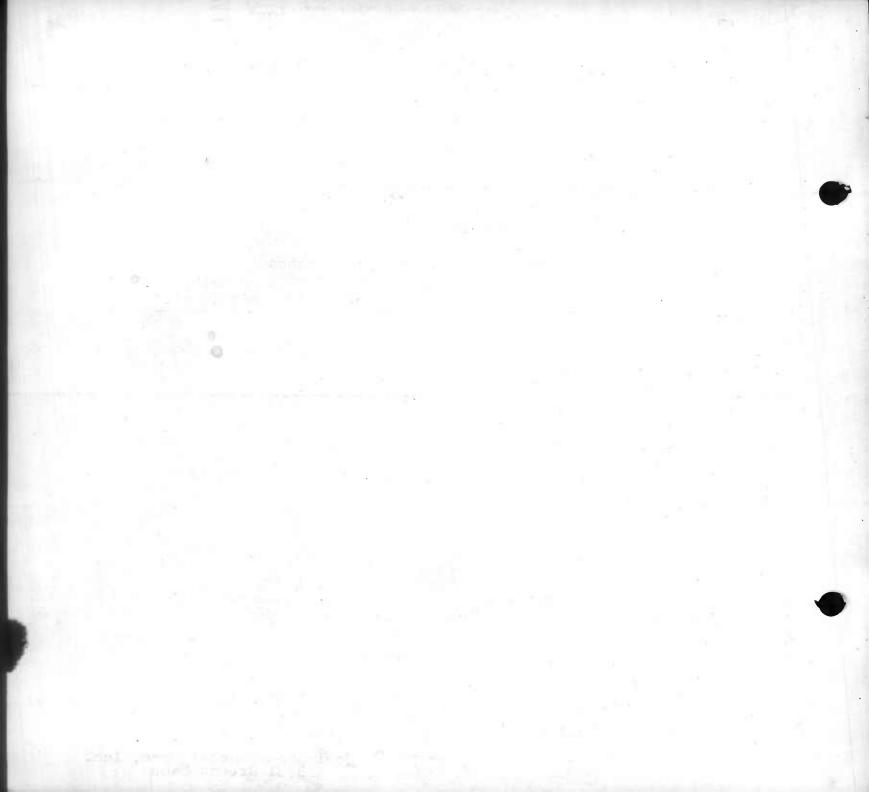
BALTIMORE CITY HEALTH DEPARTMENT



	C	2-49040	BALTIMORE CIT	TY HEALTH DEPAR	RTMENT	00 30-
BIRTH NO.		3-TS213	CERTIFICA	ATE OF DE		68-12819
1. NAME OF D (Type or Print)		LL T. AT	MOOD		Dec. 15, 1968	1:30 p. M
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONOUNC	CED DEAD	4. USUAL RESID	DENCE (Where deceased lived.  B. COUNTY	If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUTION	ON, GIVE STREET	Md.	, 21206	INSIDE CITY LIMITS?
00	4001 p: 445	T			imore	YES X NO
	4001 Biddi	son Lane		E. STREET AND	Biddison Lane	e
male	6. RACE white	WIDOWED	NEVER MARRIED DIVORCED		, 1892 tost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	CUPATION (Give kind of w of working tife, even if retired		SINESS OR INDUSTI	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Manage		Coughli	n Motors	Nova S	Scotia	U.S.A.
3. FATHER'S N	unknown			14. MOTHER'S A	unknown	
	ed Ever in U. S. Armed		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	, , , , , , , , , , , , , , , , , , ,		-05-3750	Hazel (	Coffin Atwood	, wife, a bove
(This daes	ASE OR CONDITION LEADING TO DEAT nal meon the made e, asthenia, elc. It mea amplication which caus ANTECEDENT CAUS	H al dying, e.g., ns the disease, ed death.)	DUE TO, OR A	AUSE S A CONSEQUENCE	of:  When Sch	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH    APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
UN DERLYI  H 20,  OTHER SIGN TO THE DE	OR CONDITIONS, in the abave cause (ANG CONDITION last.	ONTRIBUTING	(C)	AS A CONSEQUENCE	E OF:	
	CONDITION GIVEN IN POPERATION 198. COWAS P		CH OPERATION	20 A. AUTOPS	Y? (Yes or No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	BUTING CAUSE OF	21B. PL. home, etc.)	ACE OF INJURY (e.g. form, factory, street,	, in or obout 21C. WI office bidg., INJURY	HERE DID (If in Both OCCUR?	imore City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)  22. 1 certi	(Month) (Doy) (Yes	while Work	At Wo	hile 🖂	OW DID INJURY OCCUR?	1
22. 1 certi	fy that (1) (this haspi	al) attended the	deceased fram	3/15	19 6 / ta	12/15 1968
that (I) (w	e) last sow the decea	sed alive on	7/11	19 68	and that in(my) (our)	apinian death accurred an the dat
and hour o	nd from the couses s	tated abave (I)	(did)	view the bady at	fter death.	
23A SIGNA	Bon	yEs	ae Gree	ttending Me	ed. Staff Phys.	12/16/68
23C. PHYSIC NAME		ncis Bor	gesø	Univ	Room 3520 ersity Hospit	al
24A. BURIAL C	REMATION, 24B. DATE (Specify)	24C. NAM	E of CEMETERY of C		24D. LOCATION	(City, town, or county) (State)
Cremati			enmount C		Baltimore	, Md.
25A. DATE REC	DEC 2 0 196	25B NAME OF	E. diden	Schim 33	unek Funeral : 31 Brehms Lan	Home, Inc.

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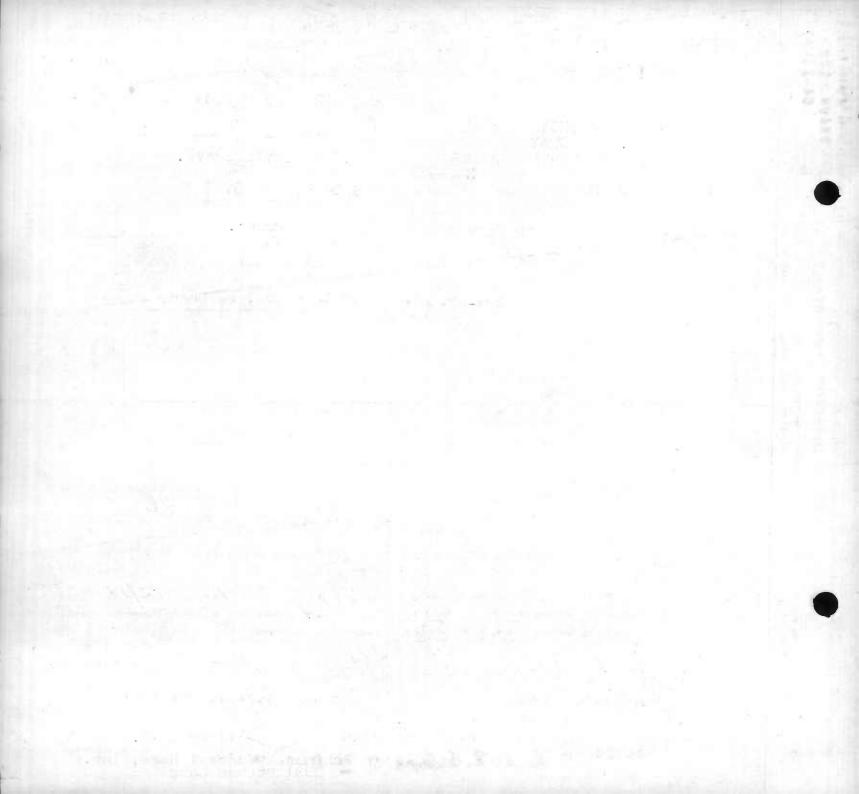


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8-12821	BALTIMORE CITY	HEALTH	DEPARTMENT
O TYOUT	CEDTIEICA	TEO	E DEATL

520	68	3-128	CERTIFICA	TE OF DEATH	REG. NO	8-12821
INAME OF DE	CEASED R				AND HOUR OF DEATH	1
(Type or Print)	1 . 1 16.	un		12,	114/68	14:45 P M
3. PLACE IN BA	LTIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If JNTY	institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND c. CITY OR TOWN	21205	SIDE CITY LIMITS?
22 JOH	NS HOPKINS	HOSPIT	AL	BALTIMORE	0. 11.	YEO NO
	N. BROADWA			E. STREET AND NUMBER		
BAL	TIMORE, MARY	LAND21	205	5094 ORV	ILLE AVE.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
FEMALE	WHITE	WIDOWED		5/26/07	lost birthdoy	
one during most of	f working life, even if retired)		Board	11. BIRTHPLACE (Stote or Id		12. CITIZEN OF WHAT COUNTRY
Clerica 3. FATHER'S NA		to C11	ty Retiremen	14. MOTHER'S MAIDEN N	nna.	
		N. III				
	RD X RXXXXX LO		11.6 COCIAL	LOLA LUD	DEN	ADDRESS
Yes, no or unknown	(If yes, give wor or dote	ces: s of service)	1 6. SOCIAL SECURITY NO.			
		204	-07-0606	Harold Brau	n, husband	
1B.427	.21		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH	RECTLY		Cardone &	1	20
(This does	nal mean the made of	dvina ea	(A) IMMEDIATE CAL	72F	rreax	20 min
heort failure,	, asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	mplication which caused					
	ANTECEDENT CAUSES		(B)			
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	he above cause (A) IG CONDITION lost,	slaling lhe	(c)			
,			(C/			
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL				
19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O				Yes		LO
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	21 B hom etc.	ne, lorm, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Baltim	ore City, give exoct location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY		Wh	ile At 📉 Not Whi	e 🖂		
(AFFROX)		Wo	rk		108/	13/11/
	y that (1) (this haspital			146	19\(\sigma\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14/19/19/08
that (I) (we	) last saw the decease	ed alive an	12/14	19and	that in (my) (aur) a	pinian death accurred an the date
and haur an	nd from the causes star	red abave.	(did) (did nat)	riew the bady after death	1.	
23A. SIGNAT	URE					23B. DATE SIGNED
0	Dag 10 11	Ben	OL.	ending Med. S. Director	Staff Phys.	12/14/08
23C. PHÍSICI		0-73	DEGREE	23 D. ADDRESS		
NAME	A1010 A	Acc		JOHNS H	OKINS HO	59,9AL
24A. BURIAL CRI		24C. N.	AME of CEMETERY OF CR			City, town, or county) (State)
Buria	1 12/18/	168 Ga	ardens of Fa	aith	Baltimore,	Md.
25A. DATE REC		258 NAME	PE REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
		TOCHELO !	E. Tarkyna	3331 R	Funeral H	ome, Inc.
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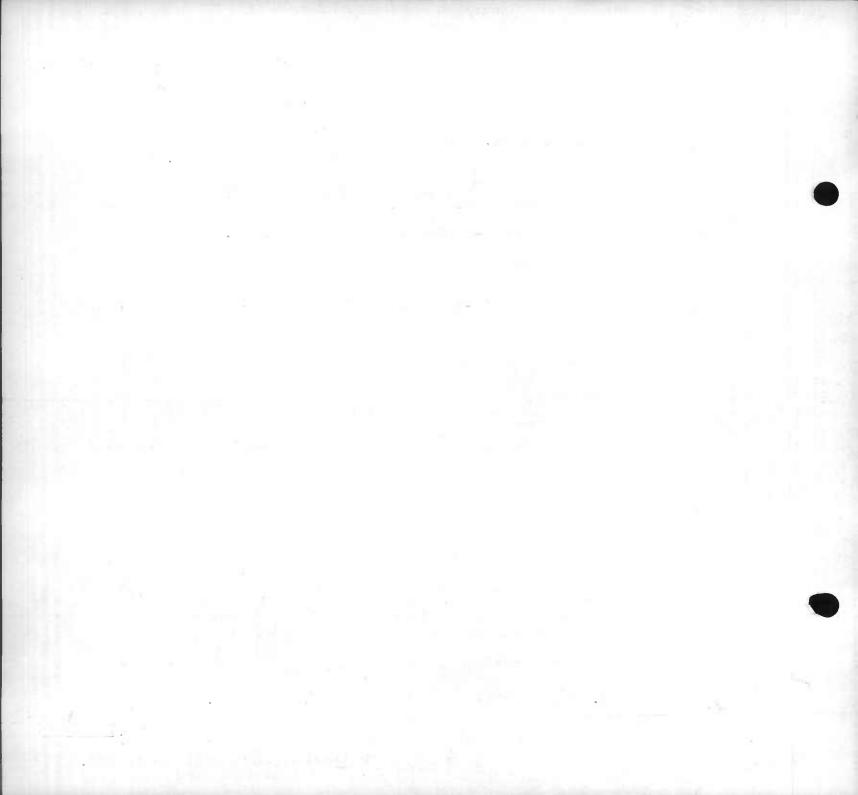
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	68-1	2822
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2)		68-12	32k	CERTIFICA	TE OF D	CATU	REG. I	NO	68-	128	322	
BIRTH NO.				CERTIFICA	IE OF D							
(Type or Print)		CHAEL J	OSE	PH MILANO		-	ND HOUR OF	DEATH		2.	15	2
3. PLACE IN BA	ALTIMORE, MARYLA	AND, WHERE PR	ONOU	CED DEAD	4. USUAL RESII	DENCE (Whe	ere deceosed liv	ed. If ins	titution: r		-	a. M
		,			A. STATE	8. COUR		2	6	0	2_	
FULL NAME O	F (IF NOT IN ADDRESS O	HOSPITAL OR IN	ISTITU	TION, GIVE STREET	C. CITY OR TOW			D. INSIE	E CITY I	IMITS2		
NOITUTITON						timore		D. IIII	YES X		NO	
00	5203 Eas	tbury R	M.A	venue	E. STREET AND					-		
					5203	B East	tbury A	ve.	Apt	I		
5. SEX	6. RACE	7. MAR	RIED X	NEVER MARRIED	8. DATE OF BIRT	тн	9. AGE (In year	ors	If Under	Povs	If Und	der 24 Hrs.
male	white		WED		12/6/19	900	68		1	-0,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			D OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	eign country)		12. CITI	ZEN OF	WHAT	COUNTRY
Tavern	of working life, even il		16-	employed	Baltin	nore	Md					
3. FATHER'S N		36	11 -	emproyed	14. MOTHER'S	MAIDEN NA	ME.	-		-		
	Dominic	Milano				unkno	own					
5. Was Deceas	ed Ever in U. S. Ar	med Forces?	[1	6. SOCIAL	17. INFORMANT					ADDRE	ESS	
Yes, no or unknow	vn) (If yes, give wor	or dotes of serv	ice)	SECURITY NO.			** 66					
yes	WW 1	Army	219	-10-7777		(nee	Hoffma	n) w	rie		ove	INTERVAL
18. 150	X			CAUSE OF DEATH	1							AND DEATH
DISE	ASE OR CONDITI				Carre	0 - V/ 7	The es	mho	Fa a	5.	-62	nonth
(This does	not mean the m		e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE		-/4	2				
	e, asthenio, etc. It amplication which		ease,	DOE TO, OK AS					4.5			
injury or co	ANTECEDENT C											
				(8) DUE TO, OR AS	A CONSTOLIENC	C O C.						
	OR CONDITION  The above caus		-	DOE TO, OK AS	A CONSEQUENC							
UNDERLYI	NG CONDITION	last.		(C)								
- 150 x	ll l											He to
	NIFICANT CONDITION  ATH BUT NOT RELATED											
A DISEASE OR	CONDITION GIVEN	IN PART 1 (A).		HICH OPERATION	20 A. AUTOPS	V2 (Yes or N	lo) 208. IF YES,	WEDE E	INDING	CONSI	DERED	
19A. DATE		AS PERFORMED	FOR W	HICH OPERATION	20A. AUTOF3	of the soul	IN CERTIFY	NG CAL	SES OF	DEATH?	DEKED	
U 21 A. ACCIE	ENT WAS UNDER	YING	21 B. F	PLACE OF INJURY (e.g., i	n or about 21 C. W	HERE DID	(If in	8 of timore	City, air	ve exoct	location	1
_ OR CONTR	BUTING CAUSE	OF _	home	, form, factory, street, of	fice bldg., INJUR	Y OCCUR?	1					
U					015 114	0111 DID 111						
21D. TIME OF INJURY	(Month) (Day)	(Yeor) (Hour)	While	INJURY OCCURRED  At   Not While		OW DID IN	JURY OCCUR?					
(APPROX.)			Work		° 🗆 🔒				- 1	1		
				e deceased from	9/2/		19.68 ta		9/6			19 68
that (I) (w	e) last saw the d	leceased alive	an	9/6/	19 68	and t	hat in (my) (a	ur) apir	nian dec	th acc	urred c	n the dat
				(We) (did) (did nat) v	iew the bady a	fter death.						
23A. SIGNA		2 /	4	(, (, (			<u> </u>		23 B, DA	TE SIGN	ED	
G	1	deal to				led.	Staff		1	2/11	1/6	8
23C. PHYSIC	TAN'S	THE WAY		DEGREE Phy	23D. ADDRESS	irector 🗀	Phys. $\square$			/ / 4	7	
NAME	(Type)	tuin Un	2++			Chas	+2 05					
		rvin Hy		DEGREE			se St.					18.
24A. BURIAL C REMOVAL	REMATION, 24B. C. (Specify)	ATE 2	4C. NA	ME of CEMETERY or CRI	MATORY	24D.	LOCATION	(Cit	y, town,	or count	y)	(Stote)
Buria		/17/68	Bal	timore Nat			Baltim	ore.	Md			
	D BY HEALTH DE	PT. 258. NA		REGISTRAR			Funera	1 110	mc	T	DRESS	
1	MAC % O	1968 (7)	but	TE, JOURNA	2 301131	31 BY	ohme la	TUC	me,	THE	•	

VS 150-REV. 1/1/68

Schimunek Funeral Home, Inc. 3331 Brehms Lane



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68-12823 BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	MEL	ICAL EX	AMINER 5	LEKTIFI	CATE OF	DEAT	H REG. NO.		1202	20
I. NAME OF DEC		2. DATE OF	Known K	Month	Doy	Yeor	Hour			
(Type or Print) NICK SPANOS					Estimoted 🗆	Dece	mber 11	, 1968		М.
	IIMORE, MARYLAND, V			3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
OLL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	TION)	, GIVE STREET	5. USUAL F	ESIDENCE (When		ived. If institution		6:00 efore odmiss	
	Hopkins Hosp:		(DOA)	A. STATE	Maryland		B. COUNTY	ITY_LIMPS?	/	
Male	White		NEVER MARRIED	C. CITT OF	Baltimore		1/1/			
DATE OF BIRTH		WIDOWED L	DIVORCED L	F STREET	AND NUMBER		YYY	ES X	10 [	
7, 7, 1	900 lost birthdo	y) Months	Doys Hours Min.	L. STREET	4129 Marx	Avenu	ie			
1. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF  WHAT COUNTRY?			13. FATHER'S NAME Un Known							
A.USUAL OCCUP	PATION (Give kind of work			Y 15. MOTHE	R'S MAIDEN NA	ME	10 00 7			
( )	prking life, even if retired)		-		U2	n Ka	A 11174			
. WAS DECEASE	D EVER IN U.S. ARMED		SOCIAL SECURITY NO.	1B. INFOR	MANT	( ( )	A	DDRESS		
es, no or unknown)	(If yes, give wor or dotes	or service)	100 168419	Stan	ton F.K	Wal	ABEN .	Oh	0	
19.	43		CAUSE OF DEA	1 94	102717		cret se	APP	ROXIMATE IN	
DISEASE	OD CONDITION DIDE	CTIV						REIWE	EN ONSET AN	ID DEATH
	E OR CONDITION DIRE LEADING TO DEATH	CILI	1. HUNGDIATE	N 1	ultiple b	lunt i	niuries			
(This does no	ot mean the made of dy	ing, e.g.,	(A)IMMEDIATE (	AS A CONSEC		10110 1	injur rob			
injury or com	osthenio, etc. It meons the oplication which coused de	oth.)								
	NTECEDENT CAUSES OR CONDITIONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:		****			
RISE TO THE	ABOVE CAUSE (A) STA	TING THE			4021102 011					
S	O CONDINON LAST.		(C)							
) TO THE DEA	II  IF CANT CONDITIONS CONTINUES TO THE SET OF THE SET	THE TERMINAL								
	OPERATION 208. COI		HICH OPERATION W	AS PERFOR	AED			21. AUTOP	SY? (Yes or	r No)
32,										
22A. EXTERN	NAL CAUSE WAS	22B. PL A	CE OF INJURY(e.g.,	in or obout	22C. WHERE DID	(If in Boltime	ore City, give ex	oct locotion)	17-	2/
UNDERLYING	XOR CONTRIB-	home, fo	CE OF INJURY (e.g.,						27	
	Month) (Doy) (Yeo	r) (Hour) 22E.	street		Belair Ro			or Marx	Avenu	1e
OF INJURY		WILL		NINCOS .						
(APPROX.)	12-11-68 5:	45 Pm. Wor	RK L AT V	VORK X	Pedestri	an str	uck by a	auto		
	ify that I held an I	nquiry 🔲 📗	nspection Au	tapsy K	and that an t	hie basis	, death in my			
result	ed fram: Natural cau	Ses L Acc	ident X Sulcid				ined manner	Ш		
ACTUAL	( l. X	1.7	1		CHIEF MEDICAL				DATE SIGN	IED
SIGNATU	JRE	, 7	IN M.D	ASS	ISTANT MEDICAL	EXAMINER	X			
EXAMINE NAME (T	CHALLES	S.Springa	ate, M.D.	ASSO	OCIATE MEDICAL	EXAMINER	Dece	ember 1	2, 196	8
4A. BURIAL CREA	MATION, 24B. DATE	24C. I	NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City, tow	n, or county)	(Stot	e)
EMOVAL (Specif	12/1	4/18	Dall	and C	Ben. L	Var	ren.	da	in	
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME O	REGISTRAR	25C.	FUNERAL DIRECT	OR	),	ADDRESS	00	
	DEC 23 1968	Rest	E. Fallina	2	Extres :	M. C.	Field	1 Be	elto	14
5 151-REV. 1/1/68	N 869	0		1						V

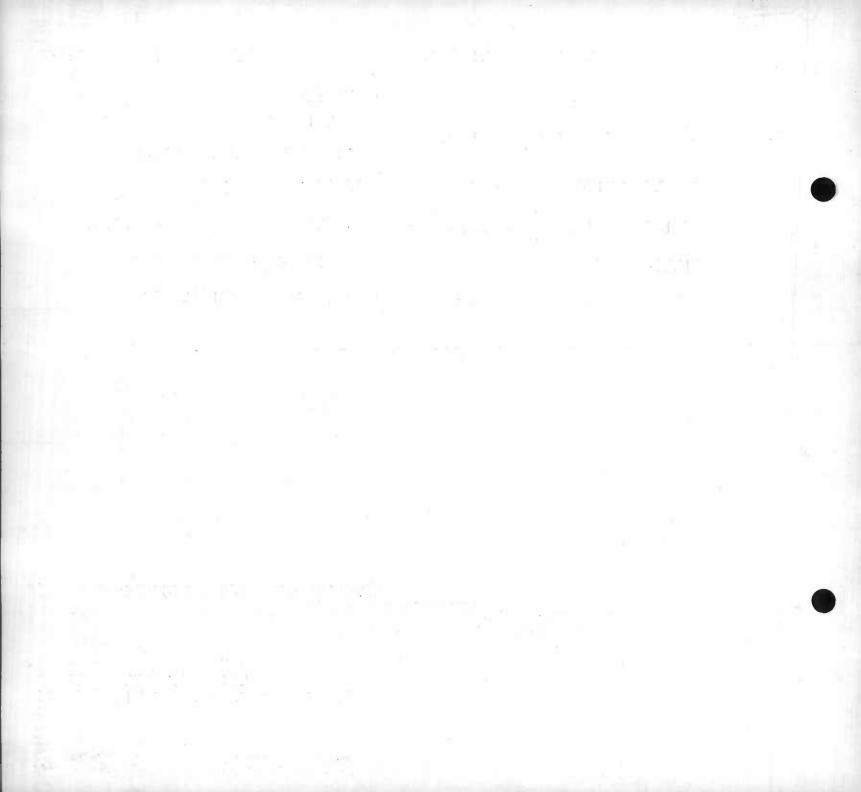
0091 11 Unknown 4.5.A. GRECCE Un Known Restaurates THE STRATES STRATES FIRE COLUMN STREET THE STREET 10/14/08 addressed Ben Warren, ali-Burnel James M. Filles Ball

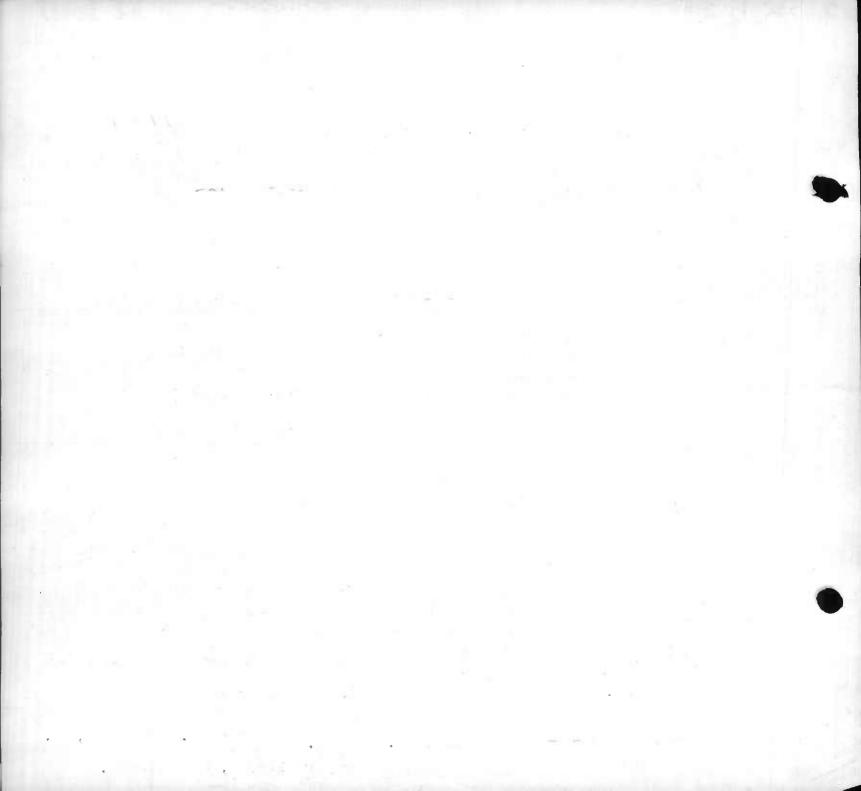
V\$ 150-REV. 1/1/6E

profession car gi ounce - 04 111 Samuelein

FLORENCE SINITH Cher Place Thomas Asta - Trans , I'M EDWIND MENNER MENNER

Mars.	CO 40000 B	ALTIMORE CITY	HEALTH DEPARTMENT		PR 60000
RIDT	TH NO.	ERTIFICA	TE OF DEATH	REG. NO	68-12826
1. N	DAME OF DECEASED BALDWIN, CAROLINE		2. DATE AN	MBER 20,	1968 ₁ 2:25P
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. Il in	stitution: residence before odmiss
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OSPITAL OR ADDRESS OR LOCATION) STITUTION	GIVE STREET	MARYLAND C. CITY OR TOWN	20	IDE CITY LIMITS?
L			BALTIMORE		YES X NO
	ST. AGNES HOSPITAL	•	2122 ASHTON	ST. 21	223
s. s	FEMALE WHITE FEMALE WIDOWED	ER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24. Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUN
	RETIRED Housen	ife	MARYLAND		U.S.A.
-	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
1	WILLIAM BOSS		JENNIE (NEE K	ARHART) B	OSS
15. 1	Was Docoased Ever in U. S. Armed Forces? 16. SOC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
	HOUS	54-0179	ST. AGNES H	OSPITAL R	ECORDS
		AUSE OF DEATH	1		APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a Cardiae	Tailme	BETWEEN ONSET AND DE
	heort failure, osthenia, etc. It meons the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or camplication which caused death.)  ANTECEDENT CAUSES	() /1 m	) - Schusti	Pandin 116	escular
	DISEASES OR CONDITIONS, if any, giving		A CONSEQUENCE OF		
	rise to the above cause (A) stoling the		distas		
		C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED		NO	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	DEATH (notily medical examiner) etc.)	OF INJURY (e.g., in loctory, street, of	n or obout 21 C. WHERE DID in the bidg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
EDI	OF INJURY	OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
>	(APPROX.) While At Work	Not While			
	22. I certify that (I) (this hospital) attended the dece	0360 HOIII	OVEMBER 21 1	968 to DEC	EMBER 20 19 68
	that (I) (we) lost saw the deceased alive an DECE	EMBER 20	19 68and the	at in(my) (our) api	nion deoth occurred on the
	ond haur ond from the causes stoted obave. (1) (We) (	did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE	A41-	nding [7]	Sh. W	23B. DATE SIGNED
	U. Juin	DEGREE Phys		Staff Phys.	
	23C. PHYSICIAM'S NAME (Type) ANASTACIA FABIE	DEGREE	ST. AGNES HO	LTIMORE,M SP; CATON	ARYLAND 21229 & WILKENS AVES
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CRE	MATORY 24D. LC	OCATION (C	ity, town, or county) (State
2	72 11/2 22.18 6 2.1.	W PA	ek B	ALTIMON	E. Md
25A	DEC 23 1968 12 Land E	Jackens	250 FUNERAL DIRECTOR	vab Rune	Auduich are
15	150-REV. 1/1/6B		1.00	7.0	





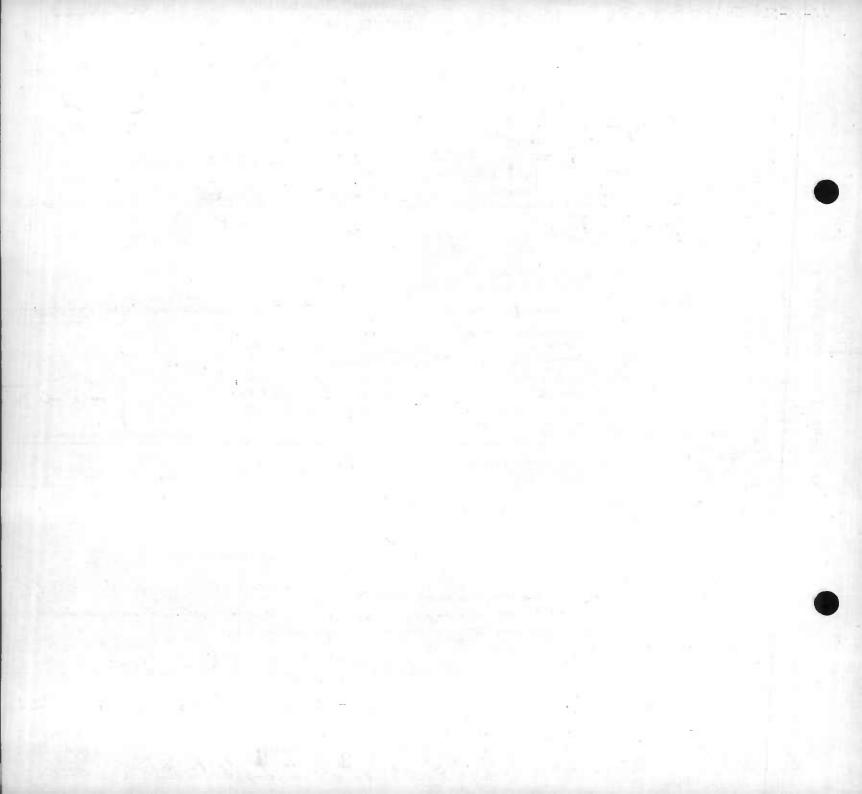
IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

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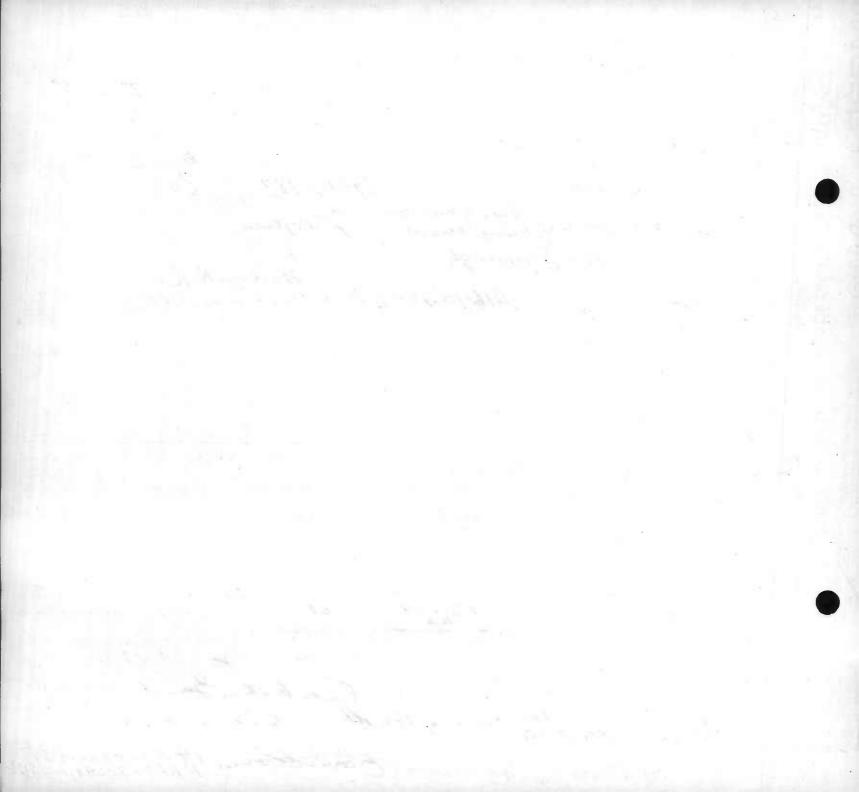
PREUMOZORNOSIE

05

DEC 20 68 PEC

Frank C. and Myro. x

USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) D'INSIDE CON LIMITS? NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If ip Boltimore City, give exoct lacotion) and that in (my) (our) apinian death accurred an the date 238 DATE SIGNED shows: (1) town, or county) M as



W-320

		-12832 BALTIMORE CITY HI		68-12832
	ME	DICAL EXAMINER'S	CERTIFICATE OF DEA	TH REG. NO.
BIRTH NO.	TACED		2. DATE Known X Month	Day Year Hour
1. NAME OF DEC (Type or Print)		OODS, SR.	OE .	
4 DIACE INI DAIS		WHERE PRONOUNCED DEAD	DEATH Estimoted Dece	mber 19, 1968
FULL NAME OF		ITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)		mber 19, 1968 2:55 A.
-	10 D1 4		5. USUAL RESIDENCE (Where deceosed	lived. If institution: residence before odmission)  B. COUNTY
	10 Darley A	venue	Maryland	40-
6. SEX	7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. MSIDE CITY LIMITS?
Male	Negro	WIDOWED DIVORCED	Baltimore	YES X NO
9. DATE OF BIRTH	10. AGE		E. STREET AND NUMBER	
19-14	0-1917	51	1410 Darley Av	renue
11. BIRTHPLACE (S	tote or foreign country	12. CITIZEN OF	13. FATHER'S NAME	
ARIV	•	WHAT COUNTRY?	MACU TRATER	
14A.USUAL OCCUI	PATION (Give kind of wo	rk 14B. KIND OF BUSINESS OR INDUSTR	TY 15: MOTHER'S MAIDEN NAME	1
done during most of w	orking life even if retired	DETRELIAN CHEE!	BELL WAND	
14 WAS DECEASE	ED EVER IN U.S. ARM	ED FORCES? 17. SOCIAL	IB. INFORMANT	ADDRESS
(Yes, no or unknown)	(If yes, give wor or dote	s of service) SECURITY NO.	ELITABETH WAS	WATARIEV AVE
112	75	CAUSE OF DE	LNLADE III YIOOGS	APPROXIMATE INTERVAL
371.	8 1			BETWEEN ONSET AND DEA
	E OR CONDITION DIF	RECTLY	y metamorphosis of liv	er
	LEADING TO DEATH	(A)IMMEDIATE	CAUSE	
heort foilure,	ot meon the mode of , osthenio, etc. It meons t	he diseose,	AS A CONSEQUENCE OF:	
injury or com	nplication which coused o	deoth.)		
AA	NTECEDENT CAUSES	(B)		
DISEASES C	OR CONDITIONS, IF A	NY, GIVING DUE TO, OF	AS A CONSEQUENCE OF:	THE STATE OF STAT
UNDERLYIN	ABOVE CAUSE (A) S	IATING THE		
20		(c)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
T S S S ON	II II FICANT CONDITIONS	CONTRIBUTING		
O THE DEA	ATH BUT NOT RELATED TO CONDITION GIVEN IN	TO THE TERMINAL		
		ONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
8 2				
₹ 22A. EXTER!	NIAL CALIEF WAS	228 BLACE OF INTURY	in an about 220 WHERE DID (II in Rahita	Yes
UNDERLYING	NAL CAUSE WAS OF CONTRIB- USE OF DEATH.	home, form, foctory, street, off	., in or obout 22C. WHERE DID (If in Boltimice bldg., etc.)	tore City, give exect locotion}
≥ 22D. TIME (		eor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OC	CUR?
OF INJURY (APPROX.)			T WHILE	
23.		m, WORK AT	work [	
	ify that I held on	Inquiry Inspection A	utopsy 🛚 and that on this basis	s, deoth in my opinion
	ted fram: Natural co			nined monner
185011		1	CHIEF MEDICAL EXAMINE	
ACTUAL	(1)	1	ASSISTANT MEDICAL EXAMINE	DATE SIGNED
SIGNATU		a C Company	U.	
EYAMINI		a C Contracto M D	ASSOCIATE MEDICAL EXAMINES	Dogombor 10 1068

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 12-24-25A. DATE REC'D BY HEALTH DEPT. 25

24C. NAME of CEMETERY OF CREMATORY

MT CALVARY

24D. LOCATION (City, town, or county) (Stote)

A. DATE REC'D BY HEALTH DEPT.

OEC 23 1968

OEC 25 NAME OF REGISTRAR

JOSERH LANGHT 1639N, BROADWAY

NAME (Type)

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Caner of lunes W. St. Helper J. mo.

shows: (

I, NAME OF DEC	CEASED	8-12834 CERTIFIC		HOUR OF DEATH
(Type or Print) Beel	Norgen A		12-20	-68 11:47
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived If institution, residence before odr
	#F 1107 III 1100FII		A. STATE B. COUNTY  Hd. Balto	25-41
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION	St Agn	es Hospital	Baltimore	YES X NO T
40	Ortan &	Wilkens Ave.	E. STREET AND NUMBER	
	Baltim	ore 21228	1000 JohAve	2,
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	loct	AGE (In yeors if Under 1 Yr. If Under birthday) Months Doys Hours
Female	White	WIDOWED DIVORCED		5%
		108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT CO
done during most of	working life, even if retired)	Union Trust (	(4)	TI C A
13. FATHER'S NA		UNION 11031 C	14. MOTHER'S MAIDEN NAME	U.S.A.
1317 ATTIER 3 INA				
		Burton	Maude Duvall	
15. Wos Deceosed (Yes, no or unknown	Ever in U. S. Armed Fo	es of service) SECURITY NO.	17. INFORMANT	Phoenix, ME's
		214-14-3100	O Mrs. M. Norine A	.Hlavin, Mildale Ct.
10.410		CAUSE OF D		APPROXIMATE INT
DIJEA	SE OR CONDITION DI		0. 1 2	of 1 Pate
		(A) IMMEDIATE	CAUSELOUSE Dugo CA	robal infaction
	not mean the made al asthenio, etc. It means	dying, e.g., DUE TO, OF	R AS A CONSEQUENCE OF:	/
mount full ore,	dallielle, ele, il litedit.	3 1110 4130430,		
injuly at car	nplication which caused	d death.)		
	ANTECEDENT CAUSES			
	ANTECEDENT CAUSES	S (c)	R AS A CONSEQUENCE OF:	
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DISEASES (	ANTECEDENT CAUSES	any, giving (B)	R AS A CONSEQUENCE OF:	
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DISEASES (ise In the UNDERLYIN)  OTHER SIGNITO THE DEAD DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, iI e above cause (A) G CONDITION lost.  / II FICANT CONDITIONS CONTINUE CONDITION PARTIES TO PERATION 198. CONTINUE CONDITION 198. CONTINUE C	any, giving DUE TO, OI stating lhe  (C)		OB, IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
DISEASES (ise to the UN DERLYIN)  OTHER SIGNATOR OF THE DEAL DISEASE OR OTHER SIGNATE OF THE DEAL DISEASE OR OTHER SIGNATURE OF THE DEAL DISEASE OR OTHER SIGNATURE OF THE DISEASE OF THE DIS	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost.  / II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 19B. COI WAS PER	any, giving DUE TO, OI stating lhe  (C)	20 A. AUTOPSY? (Yes or No) 2	
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DISEASES (rise la th UN DERLYIN  OTHER SIGNITO THE DEAD DISEASE OR CONTRIB DEATH (notify (APPROX.)  22. I certify that (I) (mand haur and	ANTECEDENT CAUSES OR CONDITIONS, il e above cause (A) G CONDITION lost.  / !! / !! / !! / !! / I! / I! / II / II	any, giving DUE TO, OI stating lihe  (C)	20A. AUTOPSY? (Yes or No) 2  e.g., in or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY Ook  While D  0:19 P172 - 20 19 and that i	(If in Boltimare City, give exact location)  OCCUR?  (Ta ) 2-20 19  n(my) (**) apinian death occurred an t
DISEASES (ise In the UN DERLYIN)  OTHER SIGNATO THE DEAD DISEASE OR (ISEASE OR CONTRIBED DEATH (notify (APPROX.))  22. I certify that (I) (ISEASE OR (ISEASE OR CONTRIBED DEATH (ISEASE OF INJURY (ISEASE OF INJUR	ANTECEDENT CAUSES OR CONDITIONS, il e above cause (A) G CONDITION lost.  / !! / !! / !! / !! / I! / I! / II / II	any, giving DUE TO, OF Stating like  CONTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION REPORMED  218, PLACE OF INJURY (Chome, lorm, loctory, stree etc.)  (Hour) 21E, INJURY OCCURRED While At Not Work At V	20A. AUTOPSY? (Yes or No) 2 III e.g., in or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY While Occupant 19 2 - 2019 and that i	(If in Boltimare City, give exact location)  OCCUR?  (The property of the prop
DISEASES (ise In the UN DERLYIN)  OHER SIGN TO THE DEA DISEASE OR (OTHER SIGN)  19A. DATE OF THE DEATH (notify (A PPROX.))  22. I certify that (I) (The one have and have and have and the unit of the control of the co	ANTECEDENT CAUSES OR CONDITIONS, il e above cause (A) G CONDITION lost.  / !! / !! / !! / !! / I! / I! / II / II	any, giving DUE TO, OF Stating like  CONTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION FORMED  218, PLACE OF INJURY (Control of the control of	20A. AUTOPSY? (Yes or No) 2  e.g., in or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY Ook  While D  0:19 P172 - 20 19 and that i	(If in Boltimare City, give exact location)  OCCUR?  (The property of the prop
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DISEASES  inse la th UNDERLYIN  OTHER SIGNI TO THE DEA DISEASE OR CO 19A. DATE OF OR CONTRIB DEATH (notify 21D. TIME OF INJURY (A PPROX.)  22. I certify that (I) (1) and haur an 23A. \$IGNATI	ANTECEDENT CAUSES  OR CONDITIONS, il e above cause (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. CO WAS PER  INT WAS UNDERLYING UTING CAUSE OF Wedicol exominer)  (Month) (Doy) (Year)  That (I) (this haspital ) last saw the deceas d fram the causes sta	any, giving DUE TO, OF Stating like  CONTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION FORMED  218, PLACE OF INJURY (Control of the control of	20A. AUTOPSY? (Yes or No) 2	(If in Boltimare City, give exact location)  OCCUR?  (The property of the prop
DISEASES  inse la th UN DERLYIN  OTHER SIGN/ TO THE DEA DISEASE OR OTHER DISEASE OR OTHER OF INJURY (A PPROX.)  22. I certify that (I) ( and haur an 23A. SIGNATI  23C. PHYSICI, NAME (	ANTECEDENT CAUSES OR CONDITIONS, il e above cause (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. CO WAS PER UTING CAUSE OF Medical examiner)  (Month) (Doy) (Year)  That (I) (this haspital last saw the decease of fram the causes sto	any, giving DUE TO, OF Stating The (C)	20A. AUTOPSY? (Yes or No) 2  e.g., in or obout 21C. WHERE DID 1NJURY OCCUR?  21F. HOW DID INJURY Occurs  While 10 2 2 19 2 2 19 2 2 2 2 3 2 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2 4 3 2	(If in Boltimare City, give exect location)  OCCUR?  (If in Boltimare City, give exect location)  19  n(my) ( apinian death occurred an to the signed of the
DISEASES (ise In the UN DERLYIN)  OHER SIGN/ TO THE DEAD DISEASE OR (ISEASE O	ANTECEDENT CAUSES OR CONDITIONS, il e above cause (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. CON WAS PER OUTING CAUSE OF Medical examines  (Month) (Doy) (Year)  That (I) (this haspital last saw the decease of from the causes sto	any, giving stating lhe  (C)	20A. AUTOPSY? (Yes or No) 2	(If in Boltimare City, give exect location)  OCCUR?  (If in Boltimare City, give exect location)  19  n(my) ( apinian death occurred an to the signed of the

VS 150-REV. 1/1/6B

25A, DATE REC'D BY HEALTH DEPT.

New Cathedral Cemetery Baltimore, Md.

16 OF REGISTRAL 2 25C, FUNERAL DIRECTOR ADDRESS ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT	68	-12835	BALTIMORE CITY	HEALTH DEPARTMENT
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NAME OF DECEASED ype or Print)		EXAMINER'S	T2. DATE	Known X	Month	Doy		lour
	ROXANNE N	MARTTN	OF	Estimoted		18	68	1:25 p _M
. PLACE IN BALTIMORE, MARY			3. DATE		Month	Doy		Hour
ULL NAME OF (IF NOT IN	N HOSPITAL OR INSTIT			NCED DEAD	Decemi	per 18,		
nn -	Carey St.		A. STATE	SIDENCE (Whe		B. COUNTY	residence per	- 0
. SEX 7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR	OWN		D. INSIDE CI	TY LIMITS?	
Female Colore	d WIDOWE	D DIVORCED	Balt	0.		YE	ES TE NO	
	ost birthdoy)	Under 1 Yr. If Under 24 Hrs.		9 N. Car	ev St.			
I. BIRTHPLACE (State or foreign of Md		CITIZEN OF WHAT COUNTRY?	13. FATHER'S			on		
A.USUAL OCCUPATION (Give ki	ind of work 14B. KIND (	OF BUSINESS OR INDUSTR	Y 15. MOTHER	5 MAIDEN NA	AWE	011		
one during most of working life, even	ifretired)			ores Ma				
. WAS DECEASED EVER IN U.S	5. ARMED FORCES?	17. SOCIAL	18. INFORM		11 ULII	Al	DDRESS	
es, no or unknown) (If yes, give wor		SECURITY NO.	Dolo	pes Mai	at tim	0	omo	
no		CAUSE OF DEA		DES Mai		5	ame	XIMATE INTERVAL
heort foilure, asthenia, etc. It injury or complication which a ANTECEDENT CA DISEASES OR CONDITION RISE TO THE ABOVE CAUSI UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDISEASE OR CONDITION of	AUSES  NS, IF ANY, GIVING E (A) STATING THE N LAST.  ITIONS CONTRIBUTIN	(B)(DUE TO, OR	AS A CONSEQU					
TO THE DEATH BUT NOT REDISEASE OR CONDITION GI	IVEN IN PART 1 (A).		VAS PERFORMI				21. AUTOPS	Y? (Yes or No)
) 2)		B. PLACE OF INJURY(e.g. ome, form, foctory, street, offi	., in or obout 22 ice bldg., etc.) IN	C. WHERE DID	(If in Boltimo	re City, give exc	oct locotion)	YES
22A. EXTERNAL CAUSE W								
22A. EXTERNAL CAUSE WAY UNDERLYING OR CONTRI UTING CAUSE OF DEATH		225 INTELEV OCCUPPED	22	F HOWNIN I	NILLIBY OCCI	ID2		
22A. EXTERNAL CAUSE WI UNDERLYING OR CONTRI UTING CAUSE OF DEATH 22D. TIME (Month) (Doy OF INJURY (APPROX.)	(Yeor) (Hour)		T WHILE WORK	F. HOW DID I	NJURY OCCI	UR?		
22A. EXTERNAL CAUSE WINDERLYING OR CONTRIBUTING CAUSE OF DEATH 22D. TIME (Month) (Doy (APPROX.)	/) (Yeor) (Hour)	WHILE AT NO	T WHILE WORK				opinion	
22A. EXTERNAL CAUSE WINDERLYING OR CONTRIBUTING CAUSE OF DEATH 22D. TIME (Month) (Doy (APPROX.)  23.   Certify that I held	d an Inquiry	WHILE AT NO AT	work Utapsy	ond that on	this bosis,	death in my	•	
22A. EXTERNAL CAUSE WI UNDERLYING OR CONTRI UTING CAUSE OF DEATH 22D. TIME (Month) (Doy OF INJURY (APPROX.)	d an Inquiry	WHILE AT NO AT	utapsy XX	ond that on	this bosis, Undetermi	death in my	•	
22A. EXTERNAL CAUSE WINDERLYING OR CONTRIBUTING CAUSE OF DEATH 22D. TIME (Monih) (Doy OF INJURY (APPROX.)  23.  I certify that I held resulted from: Nat	d an Inquiry	Inspection Accident Suici	utapsy XX ide Hoi	ond that on	this bosis, Undetermi EXAMINER	death in my		ate signed
22A. EXTERNAL CAUSE WINDERLYING OR CONTRIBUTING CAUSE OF DEATH 22D. TIME (Month) (Doy OF INJURY (APPROX.)  23.  I certify that I held resulted from: Mat ACTUAL SIGNATURE	d an Inquiry	WHILE AT NO AT	utopsy XX ide Hoo	ond that on micide HIEF MEDICAL TANT MEDICAL	this bosis, Undetermi EXAMINER	death in my		ATE SIGNED
22A. EXTERNAL CAUSE WITH CAUSE WITH CAUSE WITH CAUSE OF DEATH END CAUSE OF DEATH END CAUSE OF DEATH END CAUSE WITH CAUSE	d an Inquiry Lural causes	Inspection Accident Suici	utopsy XX ide Hoo	ond that on micide   HIEF MEDICAL	this bosis, Undetermi EXAMINER	death in my ned monner [		ATE SIGNED
22A. EXTERNAL CAUSE WINDERLYING OR CONTROL UTING CAUSE OF DEATH 22D. TIME (Month) (Doy OF INJURY (APPROX.)  23.  I certify that I held resulted from: Nat ACTUAL SIGNATURE EXAMINER'S NAME (Type)  44. BURIAL CREMATION, 248	d an Inquiry	Inspection Accident Suici	utap sy XX ide Hoo	ond that on micide HIEF MEDICAL TANT MEDICAL	this bosis, Undetermi EXAMINER	death in my ned monner [	D.	ATE SIGNED (Stote)
22A. EXTERNAL CAUSE WY UNDERLYING OR CONTR UTING CAUSE OF DEATH 22D. TIME (Month) (Doy OF INJURY (APPROX.)  23.  I certify that I held resulted from: Nat ACTUAL SIGNATURE EXAMINER'S NAME (Type)  4A. BURIAL CREMATION, 124B 124B 125C 126C 127C 127C 127C 127C 127C 127C 127C 127	d an Inquiry ward causes XX dward F. Wi	Inspection And Accident Suici	utopsy XX ide Hoo C D. ASSIS ASSO	ond that on micide HIEF MEDICAL TANT MEDICAL	this bosis, Undetermi EXAMINER EXAMINER EXAMINER	death in my ned monner [	2/18/68 n, or county)	
22A. EXTERNAL CAUSE WY UNDERLYING OR CONTRI UTING CAUSE OF DEATH 22D. TIME (Month) (Doy OF INJURY (APPROX.)  23.  I certify that I held resulted from: Nat  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  4A. BURIAL CREMATION, 24B EMOVAL (Specify)	d an Inquiry Lural causes XX dward F. Wi	Inspection And Accident Suici	utopsy XX ide Hoo C D. ASSIS ASSOC	ond that on micide HIEF MEDICAL TANT MEDICAL	this bosis, Undetermi EXAMINER EXAMINER EXAMINER LOCATION Balto	death in my ned monner [	2/18/68 n, or county)	

indicate the second 68-12836 BALTIMORE CITY HEALTH DEPARTMENT

W 19252 MEDICAL	EXAMINER'S		OF DEAT	H REG. N	68-1	2836
I. NAME OF DECEASED		IIO DATE K	<b>5</b> 11 11			6.
(Type ar Print)		2. DATE Known		Doy	Year	Haur
JOSEPH FLETCHE,  4. PLACE IN BALTIMORE, MARYLAND, WHERE PI		DEATH Estimot	14	19	68 Year	12:55p M.
FULL NAME OF (IF NOT IN HOSPITAL OR INS		PRONOUNCED DE	Month AD	Day	Tear	Maur
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	MIGHON, ON ESTREET	5. USUAL RESIDENCE	Decemb (Where deceased I	ved. If institu		12:55p M. pefare admission)
3 7 Provident Hospital	A. STATE		B. COUNT	Y		
	RIED NEVER MARRIED	Maryland C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
		D - 1 + -			YES X	[]
Male   Colored   WIDOV 9. DATE OF BIRTH   10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	Balto.	BER		YES IN	NO L
Oct. 5, 1968   last birthday)	Manths   Days   Haurs   Min.				1/	27
	5 CITIZENI OF		Stricker	St.	16-	. ()
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			/ ~	
Maryland	WHAT COUNTRY?		Fletcher			
14A. USUAL OCCUPATION (Give kind of work 14B. KINE dane during most of working life, even if retired)	O OF BUSINESS OR INDUSTR					
		Joan Car	rroll			
16. WAS DECEASED EVER IN U.S. ARMED FORCE		18. INFORMANT			ADDRESS	
(Yes, na or unknown) (If yes, give war or dates of service	SECURITY NO.	Joan Carr	roll 12:	22 N.	Strick	cer St.
19. 7 0 : 4	CAUSE OF DEA	TH -			AP	PROXIMATE INTERVAL
170 1					BETW	EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE Sudden de				
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B)	AS A CONSEQUENCE OF				
UNDERLYING CONDITION LAST.	(C)					
OF THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL			· aa aa aa aw wa wa wa wa		
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED			21. AUTO	PSY? (Yes or No)
						NTC.
22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHER	E DID (If in Boltimo	re City, give		YES
☐ UTING ☐ CAUSE OF DEATH.	home, farm, foctary, street, offic	ce bldg., etc.) INJURY OC	CUR? `			
Z 22D. TIME (Manth) (Day) (Year) (Hau OF INJURY (APPROX.)	WHILE AT NO	WHILE WORK	DID INJURY OCC	UR?		
23.						
I certify that I held on Inquiry [	Inspection Au	topsy XX and the	at on this basis,	death in r	ny opinion	
resulted from: Natural causes XX		Land Land	Undeterm	ned manne		
AN PAT	111		DICAL EXAMINER			
ACTUAL X	141		DICAL EXAMINER	<b>5</b> 3		DATE SIGNED
SIGNATURE	M.I.	J.				
EXAMINER'S	I E Wilson M. T		DICAL EXAMINER	10	200160	
NAME (Type) Edward	F. Wilson, M.I	OF CREMATORY	24D. LOCATION		20/68	\ (State)
REMOVAL (Specify) Dec. 24, 19			- CT		Maryla	, , , , , , , , , , , , , , , , , , , ,
	NAME OF REGISTRAR	25C. FUNERAL		1016,	ADDRESS V	
the state of the s	AGO STARLA	2 Kelson		31.8 N		7.R. Bail noun Stre

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	68	3-1283	37 BALTIMORE CITY HE	ALTH DEPARTM	ENT		68	12837
	٨	MEDICAL	EXAMINER'S	CERTIFICA	TE OF DE	ATH REG. NO		( 4001,
BIRTH NO.								
1. NAME OF DE (Type or Print)		BELLE BU	DDETT	OF	Known Mant		Yeor	Hour
			ONOUNCED DEAD	DEATH 3. DATE		ember 18		N. A.
4. PLACE IN BA FULL NAME OF				PRONOUNG	Mont	h Day	Yeor	Hour
HOSPITAL OR INSTITUTION	ADDRESS OR	LOCATION)	ITUTION, GIVE STREET	5 HIGHAL DECUE		cember 18		6:00 P
				A. STATE	DENCE (Where deceas	B. COUNT		before admission)
	vident Ho	_	(DOA)		[aryland	To mising		0 - 0/
6. SEX	7. RACE		IED 🗌 NEVER MARRIED 🔲	C. CITY OR TO	WN	D. INSIDE	CITY LIMITS?	1.20
Female	Negro	WIDOW		1	altimore		YES X	NO .
Feb. 9,		GE (In years pirthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys: Hours: Min.	E. STREET AND	NUMBER			
	the second second second	47			350 N. Stoc	ekton Str	eet	
	State or foreign cour		12. CITIZEN OF	13. FATHER'S N	_			
	ore, Mary		WHAT COUNTRY?	Benjam		F		
4A.USUAL OCCI	JPATION (Give kind of working life, even if re	of work 14B. KIND	OF BUSINESS OR INDUSTR		MAIDEN NAME			
					Mc Gowens			
	ED EVER IN U.S. A			18. INFORMAN			ADDRESS	
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dates of service,	5200	Claric	e Butler	1416 8	chool	St.
DISEASES RISE TO TH	e, asthenia, etc. It me mplication which cous NTECEDENT CAUS OR CONDITIONS, E ABOVE CAUSE ( NG CONDITION L	ed death.)  ES  IF ANY, GIVING  A) STATING THE	(B)	AS A CONSEQUE	NCE OF:			
DISEASE O	D II NIFICANT CONDITIO ATH BUT NOT RELAT R CONDITION GIVEN	ED TO THE TERMININ PART 1 (A).	ING NAL					
20A. DATE C	F OPERATION 20B	CONDITION	FOR WHICH OPERATION W	AS PERFORMED			21. AUTC	OPSY? (Yes or Na)
141				7 V				Yes
UNDERLYIN	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		22B. PLACE OF INJURY(e.g., hame, form, foctory, street, affic	in or obout 22C. te bldg., etc.)	WHERE DID (If in Bol RY OCCUR?	ltimore City, give	exact locotion)	
22D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor) (Hour	WHILE AT NOT	WHILE CORK	HOW DID INJURY O	OCCUR?		TRA
	URE	697	Inspection Au Accident Suici	de Hamic CHII ASSISTA	ond that on this bacide Under	ermined monne		DATE SIGNED

24C. NAME of CEMETERY or CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

Relson F.H. 1348 N. Calhoun St.

1348 N. Calhoun St,

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

12/23/68

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MOTORINGTON - 131

Barry Fred 65 Batto. Merry 1 Conserved 15 Company

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

49-45-04

Such

	104) 00 10010	BALTIMORE CITY	HEALTH DEPARTMENT	6	8-12840
-	68-12840	CERTIFICA	TE OF DEATH	REG. NO.	00-12040
	BIRTH NO.	<b>G</b> EI(111107)		HOUR OF DEATH	
	Type or Print) James D. L	ove	12/	2//68	1 200 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where do	eceosed lived. If instit	tution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION) INSTITUTION	N, GIVE STREET	MARYLAND .	D. INSIDE	CITY LIMITS?
	W -1	Laco VII	BALT IMORE	Υ	ES NO
Ц	Ballimare City	C Spirel	E. STREET AND NUMBER		
7	4940 EASTERN AVENUE		1738 W. NORTH A	VENUE	21217
	SEX BATTIMORE MARYIAND 21224	NEVER MARRIED		AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs.
	MALE NEGRO WIDOWED	DIVORCED	3-21-95	73	
	IDA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	Retired Cen. Electric		North Carolina	1	U.S.A
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Nelson Love		Easter Ellic	ot	
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	220	0-03-3088 A		EASTERN AV	ENUE, BALTIMORE, MD
	18.412.441018.9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			· A	
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cevelvo Va	scular He	cideal I who
	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.)	1			
	ANTECEDENT CAUSES	(B) A	> CVD		2/4/5
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)			
	H22.1 II	, (			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11/1/	ry Tuboro	1/2010	7/105
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	1011 1110	- y Junera	-010515	C 7 0 2
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN	IDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE		YES	Yes	ES OF DEATH.
	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in orm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore (	City, give exact location)
	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
	While A				
	22. I certify that (I) (This hospital) attended the d	At Work	6/9 19	68 to 12	12/ 1968.
		/ 2 /2 /	1		on death occurred on the date
	that (I) (we) last saw the deceased alive an			In (my) (dur) opinio	on deorn occurred on the date
	ond haur and from the causes stated above (1) (W	e) (did) (did not) v	iew the body ofter deoth.		DATE CICALED
	23A SIGNATURE	A/ A Atte	nding Med. Sto	ar trans	3B. DATE SIGNED
	Succe Allo Omas	OF GREE Phys	i. Director L Phy	ys. X	12/2/168
	23C. PHYSICIAN'S NAME (Type)	4 0	23D. ADDRESS 4940 E	astern Ave.	21224
	Bruce J. Nosh	maun ND	Bal Timo.	re City	1 Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CRE			town, or county1/ (Stotel
	77	Auburn	Bal	timore, M	aryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C FUNERAL DIRECTOR	V.R. B	alleyaddress
	23 1984 (D O A G	7 L. B	Kelson F.H.	1348 N.	Calhoun St.



VS 150-REV. 1/1/68

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68-12843 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68-12843
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Doy Y	eor Hour
JAMES WHITE	DEATH Estimated 12 17 6	8 1:25 р м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Y PRONOUNCED DEAD	'ear Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		968 1:25 p M
000 1/00 17 70 1 1 0	A. STATE B. COUNTY / C=	- 01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland D. INSIDE CITY LIM	- 0 /
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male Colored WIDOWED DIVORCED	C. CITY OR TOWN  Balto.  D. INSIDE CITY LIM  YES   YES	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
Jul. 16,1922 total lost birthday) Manths Doys Haurs Min.	1430 N. Parrish St.	
II. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHASCOUNTRY?	Angus White Sr.	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even ifretired)	Verna Parker	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	SS
Yes, no or unknown) (If yes, give war ar dates af service)  YES  VES  SECURITY NO.	Isabell Bobinson 1543 Les	slie St.
19. CAUSE OF DEA		APPROXIMATE INTERVAL
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE Cirrhosis of the liver AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	AUTOPSY? (Yes or No)
0		Dontri - 1
	, in ar obout 22C. WHERE DID (If in Baltimore City, give exoct loco	Partial (
UNDERLYING OR CONTRIB- home, form, foctory, street, office uting Cause of Death.	ce bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (ABBROX)	22F. HOW DID INJURY OCCUR?	
23. m. WORK AT V	WORK [_]	
I certify that I held on Inquiry Inspection P Au	utopsy XX and that on this basis, death in my opini	ion
	de Homicide Undetermined monner	
resulted from: Notural causes #14 Accident _ Suici		
ACTUAL SIGNATURE SUM TO THE ME	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		18/68
24A. BURIAL CREMATION, REMOVAL (Specify) 12/23/68 Balto. Nat		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
23 1968 R. C. 15 E. Harley	2 Relson F.H. 1348 N. Cal	SV.R. Baile Lhoun St.
VS 151-REV. 1/1/68		

A Tues polared to Television of the Color The fall track in success for Fig. 4. A. William Hart, 200 May bear track in the

VS 150-REV. 1/1/68



VS 150-REV. 1/

Tellini Frompy no

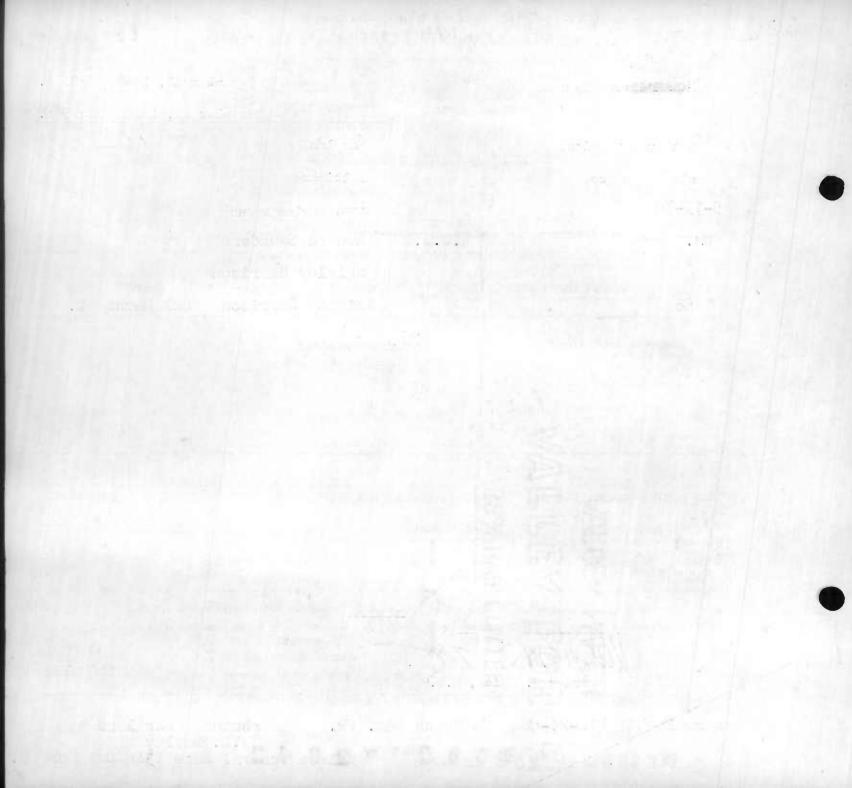
5-536

68-12846 BALTIMORE CITY HEALTH DEPARTMENT

-	400					
	ME	DICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH

68-	12848	)
		-

BIRTH NO.		MEL	ICAL	EXAMINER 3	LEKTIFICATI	E OF DEAT	REG. NO	00 10010
NAME OF DEC	CEASED				2. DATE Know	_	Doy	Yeor Hour
Type or Print) Howar	d Mau	rice	SAU	NDERS	OF DEATH Estim	noted   Decem	ber 21, 1	968 5:35 A _M
4. PLACE IN DAL	THEORE, MA	RYLAND, V		NOUNCED DEAD	3. DATE	Month	Doy	Yeor Hour
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	al or institu Tion)	JTION, GIVE STREET	PRONOUNCED I	Decemb	er 21, 19	68 5:35 A _M
OR INSTITUTION					5. USUAL RESIDENCE	CE (Where deceosed liv	ed. If institution; res	sidence before odmission)
	ran Hos	pital			A. STATE Maryland		B. COUNTY	6-03
S. SEX	7. RACE		8. MARRIEI	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY L	IMITS?
male	negr		WIDOWE	D DIVORCED	Battimor		YES X	] NO [
5-13-50	Н	10. AGE (II		Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND NU	lem Avenue		
1. BIRTHPL ACE (S	State or foreig	n country)	12	CITIZEN OF	13. FATHER'S NAM	E		
Md.				WHAT GOUNTRY?	Howard	Saunders		
4A.USUAL OCCU one during most of v	IPATION (Giv working life, ev	e kind of work en if retired)	148. KIND C	OF BUSINESS OR INDUSTRY		DEN NAME y Harrison	1	
6. WAS DECEAS	ED EVER IN	U.S. ARME	FORCES?	17. SOCIAL	18. INFORMANT	,	ADDR	ESS
(es, no or unknown)	(If yes, give v	vor or dotes	of service)	SECURITY NO.	Shirley	Harrison	622 M	ount St.
19.304	19.			CAUSE OF DEA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does n	E OR COND LEADING TO not mean the	DEATH mode of dy	ing, e.g.,	(A)IMMEDIATE	ics Overdos			OCCUPATION OF AND DEAT
RISE TO THE UNDERLYING	OR CONDITION  E ABOVE CANG CONDITION  NIFICANT CONDITION  ATH BUT NOT	USE (A) STA ION LAST. II	TING THE					
DISEASE OR	CONDITION	GIVEN IN P	ART I (A).	g nor dan dan dan dan dan dan da gan gan gan gan sah sah sah sah san san	******			
20A. DATE OF	F OPERATION	N 20B. CO	NDITION FO	OR WHICH OPERATION W	AS PERFORMED		21	Yes
22A. EXTER UNDERLYING UTING CA		TRIB-	22 ho	8. PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or obout 22C. WHI te bldg., etc.) INJURY C	ERE DID (If in 8altimor OCCUR?	e City, give exoct lo	cotion)
22D. TIME OF INJURY (APPROX.)		Ooy) (Yeo	r) (Hour) m		WHILE VORK	W DID INJURY OCCU	JR?	ARTEMINE.
	URE_//	Lyw	nquiry (	Inspection Au Accident Suicid	ond topsy Ond the Homicide CHIEF M	that on this bosis,  Undeterminent of the second of the se	deoth in my opi ned monner	DATE SIGNED 12/21/68
NAME (1	Type) MATION, 2	Werner	U. Sp	24C. NAME of CEMETERY		24D. LOCATION	(City, town, or	county) (Stote)
REMOVAL (Speci	ify)	10 00	60	A. b. t. To	732	Λ 7	B.C	2 - 3
Burial	RY HEAITH	12-26		Arbutus M ME OF REGISTRAR	em Pk	Arbuti		yland Jess
JA. DATE REC D			235. IVA	A AT Q ()	O O O	a Callette	. Bailey	
151 DEV 1/1/	c 23 19	68 R	2.5	t tackeyth	2 Kelser	n Tunéral	Home 13	48 Calhoun
151-REV. 1/1/68	8							



(DUPLICATE) 68-12847 BALTIMORE CITY HEALTH DEPARTMENT

00-16041 Parimore Cit	HEALIH DEFARIMENT	00 40
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68-12

		MEDI	CAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	68-1	2847
BIRTH NO.					II					
1. NAME OF DEC (Type or Print)		L. POI	KLA (I	Pokela)	2. DATE OF DEATH	Known X	Decemb	er 19,		1:12 A. M.
4. PLACE IN BALT	IMORE, MA	RYLAND, WH	IERE PROI	NOUNCED DEAD	3. DATE		Month	Doy	Yeor H	lour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITAL SS OR LOCATION	OR INSTITU ON)	ITION, GIVE STREET		SIDENCE (When		er 19,		9:12 A. M.
43 South		nore Ger	neral	Hospital	A. STATE M	aryland		COUNTY	25-	-05
6. SEX	7. RACE	8	MARRIEL	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Male	White	9 /	WIDOWED	DIVORCED	В	altimore		YE	s No	X
9. DATE OF BIRTH Oct. 4, 1		lost birthdoy)		Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.		ND NUMBER 701 Fairh	naven Av	enue		
11. BIRTHPLACE (S		n country)	12	CITIZEN OF WHAT COUNTRY?	13. FATHER					
			R KIND O	F BUSINESS OR INDUSTR	VIS MOTHER	C MAIDENI NIA	ME			
done during most of w	orking life, ev	en if retired)	ID. KIND O	P BUSINESS OK INDUSIK	13. MOTHER	C3 MAIDEN NA	MIE			
16. WAS DECEASI (Yes, no or unknown)	D EVER IN (If yes, give v	U.S. ARMED F vor or dotes of	service)	17. SOCIAL SECURITY NO.	18. INFORM	TOTEST	mouth, V	/a.	DRESS	
119 0 4	, 5 1		3	95-386-6163 CAUSE OF DEA	Comman	der 5th (	Joast G	IHHO DIS	APPRO	XIMATE INTERVAL
DISEASES CRISE TO THE UNDERLYIN	NTECEDENT OR CONDITION ABOVE CAN IG CONDITION IFICANT CON	ONS, IF ANY, OUSE (A) STATIS	GIVING NG THE NTRIBUTIN	(c)	AS A CONSEC	QUENCE OF:				
DISEASE OR	CONDITION	GIVEN IN PAR	RT 1 (A).	,			****			
	OPERATION	N 208. CON	DITION FO	R WHICH OPERATION W	AS PERFORM	ED			No.	Y? (Yes or No)
UNIDERLYING UTING CA  Z2D. TIME OF INJURY (APPROX.) 1  23.	Month) (D 2-17-63 ify that I he red fram: N JRE Chi	TRIB- TH. Doy) (Yeor) 8 1:05 deld an Inc.	(Hour) A. m quiry	WORK L AT V	TWHILE X  Propriet ASSI	NJURY OCCUR? rankfurst 2F. HOW DID IN	Ave. I	1500 E.	of 2nd	collision
24A. BURIAL CREA		4B. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, town,	, or county)	(Stote)
Burial		12/20/6		Chatham Cemet			Chatham,			
25A. DATE REC'D	DEC 3		25B. NA	ME OF REGISTRAR		ard Count				rry Witzke

VS 151-REV. 1/1/68

This was been a set only as when you come of the con-Added to the total total transferred to the street of West transfer and the second of the second o in Hall of the latest 

VS 150-REV. 1/1/6B

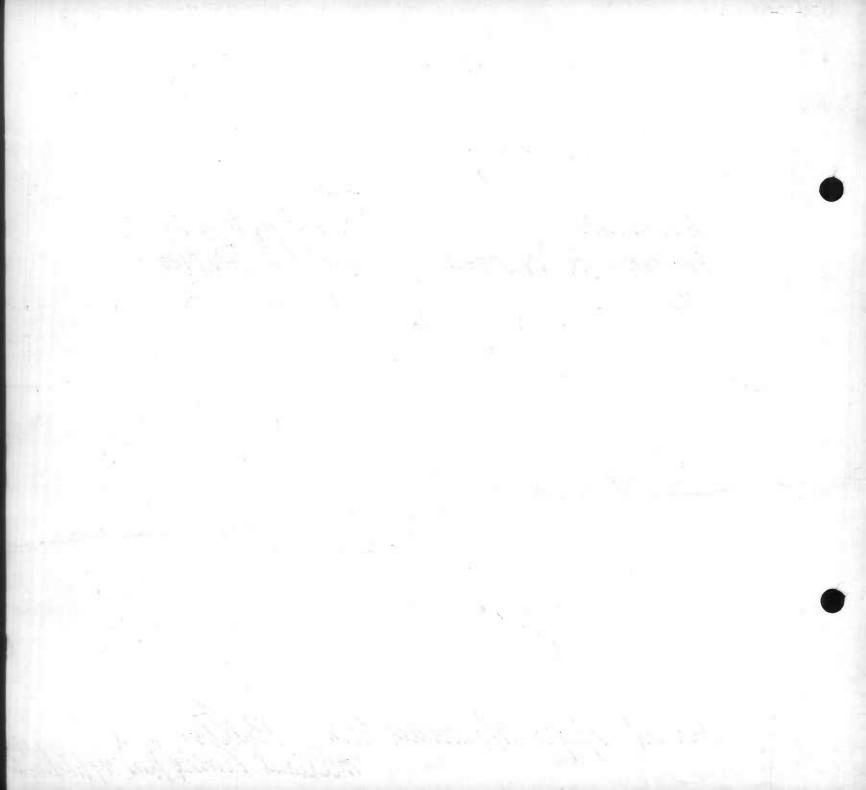
BALTIMORE CITY HEALTH DEPARTMENT

JAMES SAY

18/902 E6

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

 68-12851 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MED	ICAL	EXAM	AINER'S C	CERTIFIC	CATE	OF DE	ATH	REG. NO	8-12	851
1. NAME OF D (Type or Print)	ECEASED Kat Katheri	arzyna ne Bo.	or	ski		2. DATE OF DEATH	Known Estimated		nth 12	Day 21	1968	12:20 P
00 对 0	ALTIMORE, MARY	VLAND, W	HERE PR	ONOUNCE WIEN, C	DED	3. DATE PRONOL	INCED DEA	.D -	nth 12	Doy 21	1968	12:45 P
35	Church				7-0-07	A. STATE				H institution: COUNTY	residence be	fore admission)
6. SEX	7. RACE				ER MARRIED	C. CITY OR			D.	INSIDE CIT	TY LIMITS?	
9. DATE OF BI	W II	0. AGE (In	WIDOW		r. If Under 24 Hrs.	E. STREET A	altimor			YE	s X N	o 🗆
FFB 1		ast birthd oy			ys Haurs Min.		320 E.I		d Stre	eet		
14A.USUAL OCC	POLA MA  CUPATION (Give k of working life, even	cauntry)	4B. KIND	US	OUNTRY?	13. FATHER 70	HH					
1	lOUSEW1	FE			-		FIA	TOC	ZEK			14
16. WAS DECEA	ASED EVER IN U.	S. ARMED	FORCES f service	)   SE	CURITY NO.	18. INFORM			1-1-1	,	DRESS	
12.	***	_	3	513	-07-0708/ CAUSE OF DEA	EDWA	ED BOY	ANO	WSKI	1820	APPR	TRARDS
14/3	,4 4F	(50,	7									EN ONSET AND DEAT
DISE	ASE OR CONDIT		ILY		Arteri	osclero	otic ca	rdiova	ascula	r dis	ease.	
DISEASE RISE TO UNDERL	s not mean the murre, asthenio, etc. licemplication which  ANTECEDENT C. S OR CONDITIO THE ABOVE CAUS YING CONDITIO	t means the coused deo AUSES NS, IF ANY, SE (A) STAT	disease, th.)		(B)	AS A CONSEQ		:	••••••			
O THE C	GNIFICANT CONE CEATH BUT NOT R OR CONDITION G	ELATED TO	THE TERM	INAL	Diabet	es mell	Litus.	naar _{die} skonwells isk Geste varske die Frilk C				
20A DATE					OPERATION W	AS PERFORM	IED					SY? (Yes or No) Yes
UNDERLYII	ERNAL CAUSE W NG OR CONTR CAUSE OF DEATI (Manth) (Da	RIB- H.		hame, farm,		e bldg., etc.) I	2C. WHERE NJURY OCC	CUR? `		ity, give exa	ct location)	
23.						ACCT						
ACTU SIGN EXAM	ATURE NO		1			le Ho	ond that micide  CHIEF MEDI STANT MED	ICAL EXAM	INER	manner [		DATE SIGNED
24A. BURIAL CI REMOVAL (Sp	REMATION, 24	DEC 94	4 196	24C. NAI	WE of CEMETERY	CEME!	ERY	GER,	MA H	(City, town	, or county)	(State)
25A. DATE REC	D BY HEALTH D	EPT. 1968	25B. N	IAME OF RE	GISTRAR		FUNERAL D		2005/		DDRESS	MMRARA

Letter from M.E.'s office 1-8-69 M.H. 1-10-69 M.H.

CERTITION IE AMENDED

15,000

GWALCH

MARGE

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MBESSON

CHANGE MAKE

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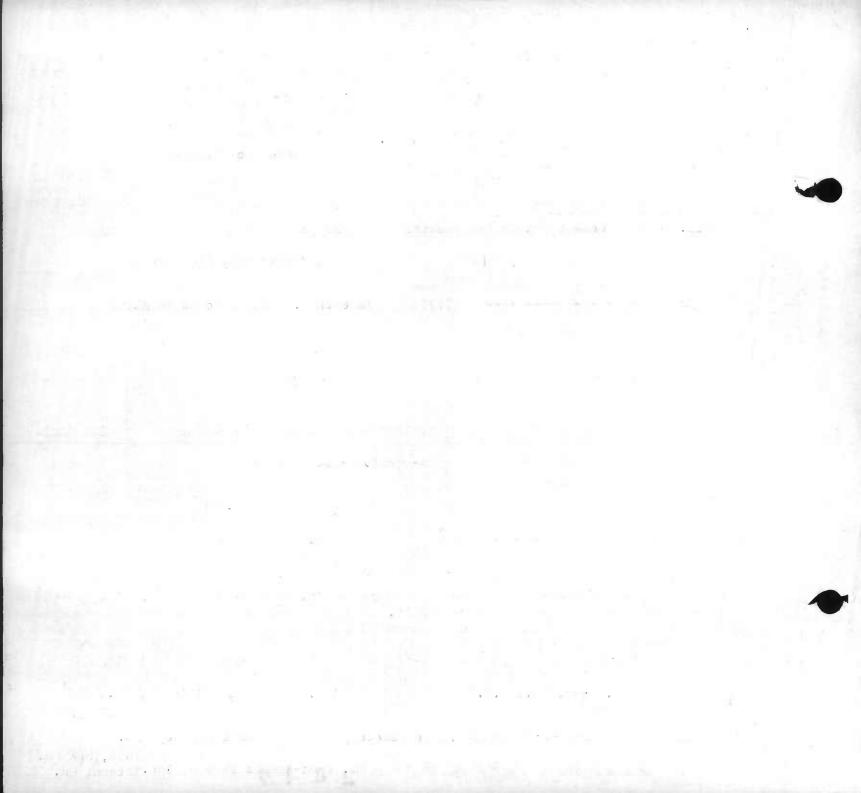
VS 150-REV. 1/1/65

	00 40	BALTIMORE CITY	HEALTH DEPARTMENT		68-12852
11000	H NO. 00-12	2852 CERTIFICA	TE OF DEATH	Registered No	00 12002
1, N	e or Printly MR. Samuel Ro	1 + 11	2. DATE AL	NO HOUR OF DEATH	77 17:30 PM.
	LL NAME OF (If not in hospital or institute of the oddress or location)	MENDED	A. STATE B. COUR	N TY	titutian: residence before admission)
38	University He	ospital	Baltimore	rurol, give lacation)	URAL and give township)
			/135 S. Popple	eton Street	
5. \$	Male White wind	OWED, DIVORCED (specify)	May 30, 1894	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Manths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)  Retired	D OF BUSINESS OR INDUSTRY	Virginia	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	John Hearld		Iona Mulkar		
15. V	Vas Deceased Ever in U. S. Armed Foices? ,no or unknown) (If yes, give war ar dates of serv	1 6. SOCIAL	Jane Mulkey		ADDRESS
(Tes,	No None	security No. 228-11-2208	A Margar Thin	omal Hama Tr	nc. Bluefield.W.Va.
	18. 44 /	CAUSE O		erar nome, m	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	~	herio no		ONSET AND DEATH
	LEADING TO DEATH	(A)	rugocaka	64	2 days
II I	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which coused death,)	e.g., DUE TO	Myocard.	etim	100
	ANTECEDENT CAUSES	(B) DUE TO	13000		0
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	ving	COVORAV	y ARTENY	
	UNDERLYING CONDITION last,		Jeose		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
	198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, torm, factory, street, at etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If in Bottimore	City, give exoct locotion)
1 3	21D. TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID IN.	JURY OCCUR?	
	22. I certify that (1) (this hospital) ottend that (1) (we) last saw the deceased olive			.19 <i>GF</i> to	ion deoth accurred on the date
11 1	and hour and fram the couses stated abay		few the body after deoth.		
	23A. SIGNATURE	(31.1) M.D. Atte		6. 11	23 B. DATE SIGNED
		Phy		Stoff Phys.	12/11/68
	NAME (Type) SOO W. LONDAD		23D. ADDRESS		
	888 W. LOMBAR				
24A.	REMOVAL (Specify)	C. MOME of CEMETERY of CRI	EMATORY 24D. 1	11 1	(State)
	OURIA 17/14/68 . DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C ENNERAL DIRECTO	frefield	ADDRESS I
		to E. Frederina	James &	n. Frold	& Balte, Hd.

v.s. 153

М.Н.

VS 150-REV. 1/1/6B



CARder gulmmany asset -Milator - action - solution 10 10 60 11 La Do a Mall 19 Dute Ig-Hz-Moz

Such

		68-12	855 CERTIFICA	HEALTH DEPARTMEN	NT REG. NO.	68-12855
BIRTH NO.		00 14	CERTIFICA	TE OF DEAT	Η	
NAME OF Type or Prin	DARE, The	mas Talber	rt	2. DA	TE AND HOUR OF DEATH	968 10:20P
FULL NAM	E OF (IF NOT I	N HOSPITAL OR IN	STITUTION, GIVE STREET	4. USUAL RESIDENCE A. STATE B. MARYLAND	(Where deceased lived. If icounty  BALTIMORE CIT	institution: residence before admission
HOSPITAL ON STITUTION	N VETERANS		ATION HOSPITAL	BALTIMORE	D. IN	SIDE CITY LIMITS?  YES X NO \( \bigcircle{\text{NO}} \)
		RAVEN BOU , MARYLANI		3005 GLENMO		
MALE	6. RACE CAUCAS	ON VIDOV	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-5-21	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Manths Days Haurs Min.
	nast of working life, even		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State BALTIMORE 1		12. CITIZEN OF WHAT COUNTR
JAMES	DARE	,		EMILY STON	NNAME	
	(known) (If yes, give v			17. INFORMANT VA 1	HOSPITAL RECOR	DS ADDRESS ALTO., MD. 21218
rise to	ANTECEDENT SES OR CONDITION On the obove con RLYING CONDITION	NS, if ony, gives (A) stoling	3	ERAL PNEUMON A CONSEQUENCE OF:	1A	TWO DAYS
TO THE	SIGNIFICANT CONDIT DEATH BUT NOT REL OR CONDITION GIV TE OF OPERATION	ATED TO THE TERMINEN IN PART 1 (A).		20 A. AUTOPSY? (Yes	or No. 20R IF VES WEDE	EINDINGS CONSIDERED
E C		WAS PERFORMED	OK WITTER OF EXAMEN	NO	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR COM	CCIDENT WAS UNDINTRIBUTING CAUS		21 B. PLACE OF INJURY (e.g., home, form, factory, street, o etc.)	n or about 21 C. WHERE ! ffice bldg., INJURY OCC	DID (If in Baltima UR?	ore City, give exact location)
21 D. TIA OF INJU	JRY	y) (Year) (Hour)	21E. INJURY OCCURRED  While At Not Whi Work At Work	e 🗂	D INJURY OCCUR?	
		•		6 DECEMBER	19 68 ta 18	DECEMBER 19 68
	en at ure	uses stoted abov	Phy	ending Med.	Shaff Phys.	23B, DATE SIGNED 12-19-68
23 C. PHY	VISHNU B	MULAY	DEGREE DEGREE	23D. ADDRESS 3900	LOCH RAVEN BO	
Buri	CREMATION, 24B.		New Cathedra.	EMATORY		City, town, or county) (State)  Maryland

tenburg Funeral Home, Rd.-Balto.,Md. 21214 TELE SETSES 255 NAME OF Robert C. A. 6909 Harford VS 150-REV. 1/1/68

25A. DATE REC'D

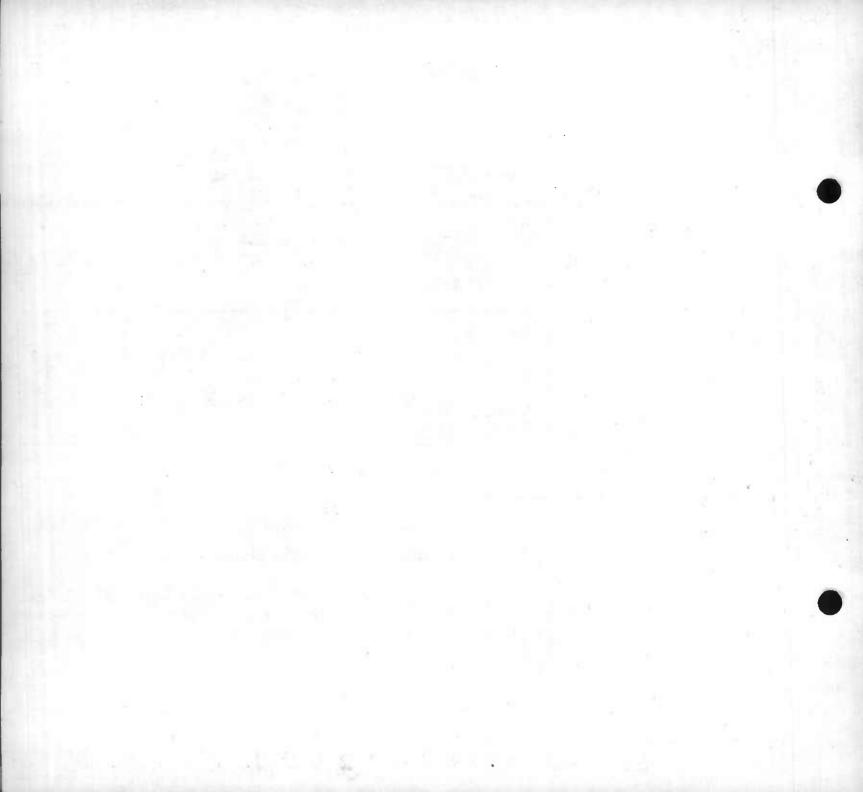


BIRTH NO.	٨	MEDICAL	L E	XAMINER'S	CERTIFI	CATE O	F DEAT	H REG. N	0	
I. NAME OF DE	CEASED			-	2. DATE	Known XX	Month	Day	Year	Haur
(Type or Print)	C	HRISTOPE	IER.	HURLEY P.	OF DEATH	Estimated [	12	19	68	7:36 pm.
4. PLACE IN BA	LTIMORE, MARYLA				3. DATE		Month	Day	Year	Haur M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H ADDRESS OR	OSPITAL OR INS	STITUTI	ON, GIVE STREET			Decembe		1968	7:36 р м.
27					A. STATE	ESIDENCE (Whe	ere deceased li	B. COUNT		before admission)
20		rsity Ho				Maryland			4)	- 0-0
6. SEX	7. RACE	8. MARI	RIED [	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
Male	White	WIDO	WED [	DIVORCED 🖾	Balto				YES 🔼	NO 🗌
9. DATE OF BIRT	- lost h	GE (In years pirthday)	If U	nder 1 Yr. If Under 24 Hrs. ths , Days , Haurs , Min.	E. STREET	AND NUMBER				
Oct. 9,	1898	7:0	1111		16	25 Patap	sco St.			
11. BIRTHPLACE	State or fareign cau	ntry)		CITIZEN OF	13. FATHER					
Vi	rginia		1	WHAT COUNTRY?	Jo	hn Chris	honhor			
14A.USUAL OCCL	JPATION (Give kind o		D OF	BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN N	AME			
dane during most at Brok	working life, even if re	-	C2222	ance	Mal	el Hurle	v			
	SED EVER IN U.S. A				18. INFOR		J.		ADDRESS	
3.7	(If yes, give war ar	dates of service	e)	17. SOCIAL SECURITY NO. 218 03 9517	Mrs.	Shirley	Contin	163	25 Pata	psco St.
NO 119	I OV			CAUSE OF DEA	1	OHAL LOS	00110,111	J _L().		PPROXIMATE INTERVAL
2-5	8001			CAUSE OF DEA					BETY	WEEN ONSET AND DEATH
DISEAS	SE OR CONDITION LEADING TO DEA									
(This does	nat mean the mode			(A) IMMEDIATE (	CAUSE AS A CONSEG	Cranio	cerebra	linju	ries	
heart failure	e, asthenia, etc. It me mplication which cous	ans the disease,		DUE TO, OK	AS A CONSEG	DENCE OF:				
injury or ca	imprication which coos	sea deoiii.)								
A	NTECEDENT CAUS	ES		(B)						
	OR CONDITIONS,			DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYI	NG CONDITION	AST.		(c)						
O THER SIG	8 8 11			( )						
OTHER SIG	NIFICANT CONDITIO									
DISEASE O	ATH BUT NOT RELAT									****
				WHICH OPERATION W	AS PERFORA	\ED			21. AUTO	OPSY? (Yes or No)
52										
₹ 22A. EXTER	NAL CAUSE WAS		22B.	PLACE OF INJURY(e.g.,	in ar about	2C. WHERE DIE	O (If in Baltima	re City, give	exact lacation)	YES
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resu	ted fram: Natura	l causes	1A	ccident XX Suicio	de 🔲 H	amicide 🔲	Undetermi	ned manne	er 🔛	
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SIGNAT	1/ 1	W T		M.D	ASS	STANT MEDICA	LEXAMINER	X.		DAIL SIGNED
EXAMIN	101					CIATE MEDICA	LEXAMINER			
NAME (	Type) Edwa	rd F. W	ils.	on, M.D.				12,	/20/68	
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B. D			C. NAME of CEMETERY	ar CREMATO	ORY 24	D. LOCATION	City, t	awn, ar caunty	(State)
Burial 25A. DATE REC'E	D BY HEALTH DEPT.	3 68 25B. N	VAME	OF REGISTRAR	Hill 25C.	FUNERAL DIREC	CTOR BE	alto. I	ADDRESS	
						A limit o	.An			
	DEC 231	300 (15)	Lee	T E Jaken M	13 3	B WE CI	Uly	130 E	. Fort	ave.
VS 151-REV. 1/1/6	NA	Chin								

Con-Locate Paris Language

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VS 150-REV. 1/1/6B



NAME OF Type or Prin		loyle		D	ecember 17,	1968 10 A
FULL NAM	E OF (IF NOT IN H	OSPITAL OR INSTIT	UNCED DEAD  UTION, GIVE STREET	4. USUAL RESIDENCE (W. A. STATE B. CO. B. CO. B. CO.	here deceosed lived. If	finstitution: residence before admissi
HOSPITAL C	OR ADDRESS OR	LOCATION) Bela	in	C. CITY OR TOWN Baltimore	D. 10	NSIDE CITY LIMITS?  YES 🔀 NO 🗍
10,,				E. STREET AND NUMBER		YES 🔀 NO 🗌
	use in the P			5704 Radeck		
M SEX	6. RACE	WIDOWED		B. DATE OF BIRTH 4/13/194	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
	OCCUPATION (Give kind of lost of working life, even if ret		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUN
Sup.	of Elections			Baltimo	re, Marylar	nd USA
3. FATHER"	S NAME					
5 Was Das	nce byle	d Forces?	1 6. SOCIAL	Mary Eliz	abeth Brown	ADDRESS
Yes, no or un	known) (If yes, give wor o	r dotes of service)	00.0110101	Mrs. Marie D		
0	ISEASE OR CONDITION			6	<i>_</i> ·	BETWEEN ONSET AND DE
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VS 150-REV. 1/1/6B

25A. DATE REC'D

BY HEALTH DEPT.

7 68 Holy Red 25B. NAME OF REGISTRAD

Moran,

ADDRESS

John A. Baltimore St. Inc.



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	2859 CERTIFICA	TE OF DEATH	REG. NO	
				TOOUS
1. NAME OF DECEASED (Type or Print)		2. DATE	AND HOUR OF DEATH	1 10/
3. PLACE IN BALTIMORE MARYLAND, WHERE	MICEN!	A USUAL PESIDENCE (W	2 8 68	institution: residence before admissio
TEACE IN BALLIMORE, MARILAND, WHERE	PRONOGNICED DEAD	A. STATE B. CO	JNTY	Mismononi, residence belore ddimission
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Salvatore Miceni . Was Docoosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Argiro	ADDRESS St.
(If yes, give wor or dates of s	SECURITY NO.	// C / / A	1. 1 1 AA.	ADDRESS St.
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(This does not mean the made of dying	, e.g., DUFTO, OR AS	A CONSEQUENCE OF:		
heart failure, osthenio, etc. II means the d injury or complication which coused death			)	
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The Johns Hopkins Hospital 19 to 5 TREEPER ST

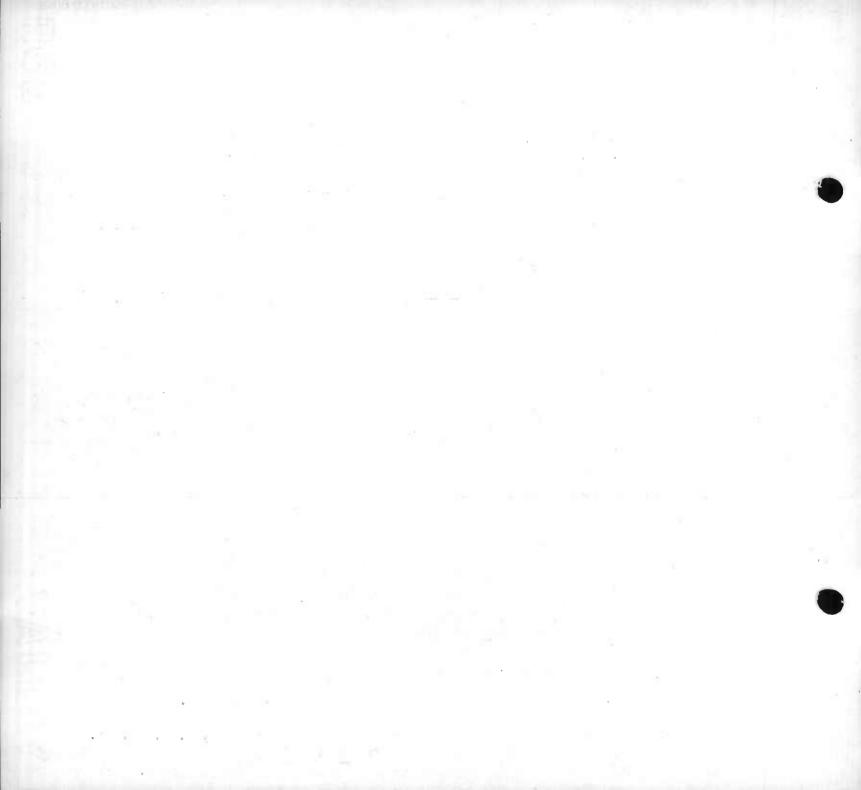
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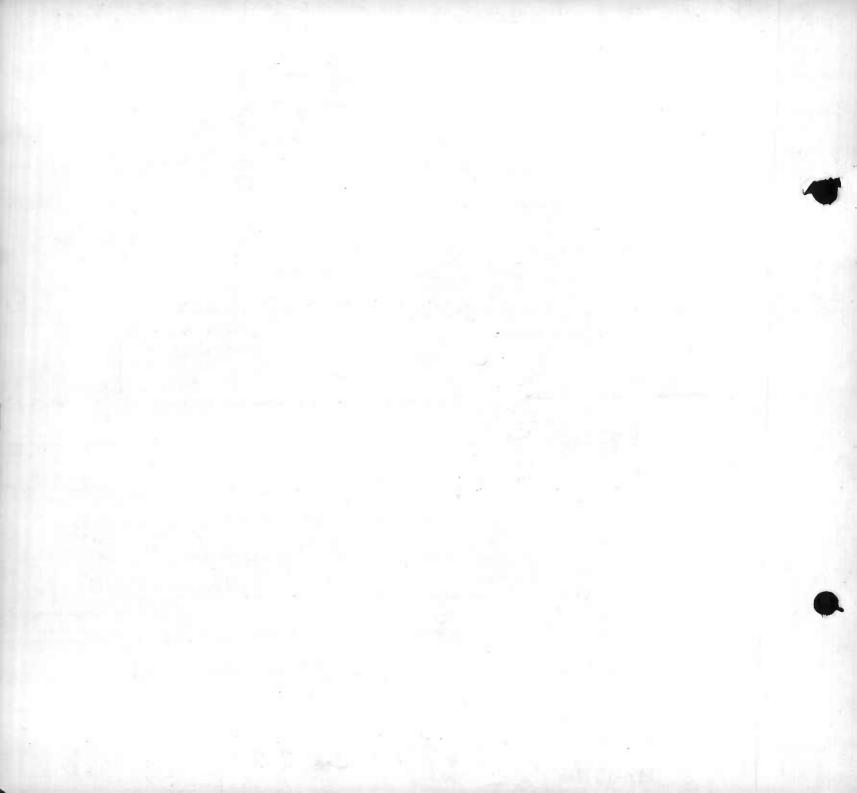
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and sath ssed the the	BIRTH NO.  1. NAME OF DECEASED (Type or Print) Anto Nette M. Krapp					2. DATE AND HOUR OF DEATH					
h.		/ /	MORE MARYLAND, W	14. USUAL RESIDENCE (Whate deceased lived. If institution; residence before admission)							
Spi S) D nce eat		NAME OF	(IF NOT IN HOSPITA	Maryland 24-03							
b o	HOSE	PITAL OR	ADDRESS OR LOCA					. INSIDE CITY LIMITS?			
g c g c g c g c g c	Baltimore City Hospitals 4940 Eastern Ave. Balto. Md. 21224					Baltimo	E. STREET AND NUMBER			YES X NO	
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mec bu phy an	ATIC	O THE DEATH	BUT NOT RELATED TO THE	TE TERMINAL							
3ody he sic	ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
the class by (2) B ere the phy efore	U 2	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?									
ve;	OA	DEATH (notify medical examiner)									
atu atu pt v (6)	1 2 0	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  (APPROX.) While At Month At World									
he he hay ny		22. I certify that (I) (this haspital) attended the deceased from 8/3/60 19 60 to 2/8 19 60									
0 0 0			ast sow the decease		1 . //~	19 6	Sand		our) opinion	death occ	urred on the dote
be ed ant o ont o oita oita oita iath	ond haur and from the couses stated abave (I) (We) (did) (did not) view the body ofter death.										
de de	2.	23A. SIGNATURE  Attending Med. Director Shoff Director Di									
accaccaccaccaccaccaccaccaccaccaccaccacc	2										
was r was r An a A. at o prior		Robert H. Brook 4940 Eastern Avel 21224									
E . C . T . R	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town,									own, or coun	
This certificate body shows: (1) was D.O. deceased written a		Burial,	12 21 6	LIFE.	Holy Cross	2SP FUNDA		rooklyn,	A. A.		DDRESS
This the k show was dece writt			MEC 23 1968	4 1	AS France	2 2 0	1	Cully	130 E	Fort	Ave
	VS 19	0-REV. 1/1/6		- ARACIE							



KINXY!	M-45 0 68-12861 BALTIMORE CITY HEALTH DEPARTMENT
75005	CFRIIFICALE OF DEATH
5 + 5 + 5 H	BIRTH NO.  1, NAME OF DECEASED   2, DATE AND HOUR OF DEATH
A D D C N	(Type or Print) MALLONGE GRACE S. 12-17-68 12:35 undaught M.
the Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
S) I S	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET RAPULAND 13-06
195 5 BD	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
See and	RAITIMARE VEG NOT
at to ior	E. STREET AND NUMBER
de radio	847 W. 36th 87.
75.4.5.2.8	5. SEX  6. RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years lost birthday)  Months: Doys Hours Min.
r m r m s a s a s a s a s a s a s a s a s a s	WIDOWED DIVORCED 8-10-80 88
n r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
tion and	Retired HOUSEWIGE Maryland american
Va va	13. FATHER'S NAME
4) T is	FRANK Lee SULIA MCDONALD
o the	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.
de	215090470 B HOWARD BMALLONEE W. 3CThs
r fi	
ar and and	DISEASE OR CONDITION DIRECTLY
1	LEADING TO DEATH (A) IMMEDIATE CAUSE CVA PURPON PURSON.
0 0 0	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
Para	injury or complication which caused death.
900	DISEASES OR CONDITIONS, if only giving Due to, OR AS A CONSTQUENCE OF:
W Pr	
in S c	rise to the obove couse (A) storing the UNDERLYING CONDITION lost.
air	F903,0 II
e H	O THE SIGNIFICANT CONDITIONS CONTRIBUTING OLL OSC
6	▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).
+	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ore.	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, nive exact location)
efo	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
q F	Name of the second
ne	S OF INJURY Dep 14 19681 While AT Not White IT Fall while washing as he as long
ā	The second of the second
obi	22. I certify that (I) (this hospital) attended the deceased from 40 9 action 50 40 1968,
e.	that (1) (we) last saw the deceased alive on the date
st	and hour ond from the causes stated above. (1) (We) (did) (did not) view the bady after death.
2 0	23A. SIGNATURE 23B. DATE SIGNED
2 =	Decement of Capan Mas De Phys. Attending   Med.   Staff   12-17-68
20	23C. PHYSICIAN'S  NAME (Type)  23D. ADDRESS
pro	Rienvenido B. CAPATI UM 14
9 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
a c	
b ==	BURIAL Dec 201968 DRUID KIDGE CEM PIKESVILLE BALINCO
Writ	Barger Funeral Hope 3631 Fallsk
	VS 150-REV. 11-1788



VS 150-REV. 1/1/6B

1	1	8	CTUR.	1	2	8	6	2

BIRTH NO.		2.000	CERTIFICA	TE OF DEATH	REG. NO.	
(Type or Print)	DAILEY, Ralph	Milhorr	10	12-	14-68	11:50 A M
3. PLACE IN BA	CERTIFICA HISE AMENDED				here deceosed lived. I INTY	If institution: residence before odmission)  3 - 8  NSIDE CITY LIMITS?
1 7			Baltimore E. STREET AND NUMBER 1411 West 3	7th Street	YES NO NO	
S. SEX Male	1		NEVER MARRIED	B. DATE OF BIRTH  3-15-16	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Policer	of working life, even if retired)		of Maryland	Rayville, M		12. CITIZEN OF WHAT COUNTRY
David D	_			Dora Masemo:		
S. Was Decease Yes, no or unknow Yes	ed Ever in U. S. Armed Force	s of service)	SECURITY NO.	17. INFORMANT VA H	ospital Rec	
18. 1	4-16-43 to 1	-14-40	220-07-31-87		Mary Tand 21	APPROXIMATE INTERVAL
UN DERLYII	OR CONDITIONS, if of the obove couse (A) NG CONDITION lost.  II  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SIDING THE	Metaste	ma of Lungs A CONSEQUENCE OF: sis to regiona ades , adrenal alls.		
	OF OPERATION 198. CONI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DESCRIPTION BUTING CAUSE OF fy medical examiner	21 B hom etc.	e, form, foctory, street, of	n or obout fice bldg., INJURY OCCUR?	(If in Bolti	imore City, give exact location
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  ile At Not While rk At Work	21F. HOW DID II	NJURY OCCUR?	. 13
that (K (w	e) last saw the decease nd fram the causes stot	d alive an	December 14,	cember 3, 19 68 and iew the body ofter death	that in ( aur)	opinian deoth occurred an the dat
23 C. PHYSIC NAME	MAN'S (Type)	zins	M DEGREE Phys	23D. ADDRESS 3900	Shaff Phys.  Loch Raven	Boulevard
	D C. ELKINS REMATION, 24B. DATE (Specify)  /2-/8-	68 B	MD OEGREE  AME OF CEMETERY OF CRE		nore, Maryl	and 21218 (City, town, or county) (State)
25A. DATE REC	D BY HEALTH DEPT.	258. NAME	OF REGISTRAN	25 FUNERAL DIRECT	Lineud	ADDRESS / / /

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	CO 46	3000 BALTIMORE CITT	HEALTH DEPARTME	141		0 10000
	00-10	2863 CERTIFICA	TE OF DEAT	TH R	EG NO. D	8-12863
	TH NO.	GERTITIE				
	AME OF DECEASED		2. D	ATE AND HOUR	OF DEATH	
		LAttrabuch		6 PH 18	2/16/68	7 M.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENC	COUNTY	d'lived. eff institu	tion: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) TITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN		D. INSIDE	ROLLINITS?
3	8		E. STREET AND NUM	ABER	YE	s No No
	UNIVERSITY OF MARYLAND	HOS pital	-			
5. S	EX 6. RÁCE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir	yeors If	Under 1 Yr. If Under 24 Hrs.
	MALK CAUC WIDOW		05/24/97	lost birthde	7/ M	onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN ( during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country	) [1:	2. CITIZEN OF WHAT COUNTRY?
12.4	CARPENTER-HOUSE PA	NTER	HAGRER Ston	ON MAR	16AND	U.S.A.
13. 1		- 10 10	14. MOTHER'S MAID	EN NAME	1	
15 1	GEORGE W. ChAtt	TESUCIC 16. SOCIAL	17. INFORMANT	KNUW N		ADDRESS
(Yes,	,no or unknown) (If yes, give wor or dates of servi	SECURITY NO.		0/14	1000	ADDRESS
	Nz -	CAUSE OF DEATH	JOHANNA	CLAURK	BACA	SALKE AS ABOVE
	18.450 X	CAUSE OF DEATH	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY					
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE STANYLOG	cak pn	ZUKONI)	4 4-5 DAYS
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS a	SE STAMULOU A CONSEQUENCE OF:			
	injury or complication which coused deoth.)		/		. 0./	1/2
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	NTARELS-	· KUK PE	e 12 weeks
	rise to the abave cause (A) stoling		A CONSEQUENCE OF:			// \
	UNDERLYING CONDITION last.	(c) Pult	WNARY A	MBole:	Hults pl	e 1/2 DUTERE
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NC .	· ·	,	_ '	
Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	Sav 4	RE USTER	o Acthrol	52	8 YEARS
IFIC	19A. DATE OF OPERATION 19B. CONDITION F.	200	20 A. AUTOPSY? (Ye	s or No) 20B. IF IN CER	YES, WERE FINE	OINGS CONSIDERED S OF DEATH?
ERI	3 12/12/68 K	ESPIRATORY FAILURA				
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF NJURY (e.g., ir home, form, foctory, street, of etc.)	n or obouf 21 C. WHERE fice bldg., INJURY OCC	DID CUR?	f in Boltimore Ci	ty, give exoct location)
<u>a</u>	21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW D	ID INJURY OCC	U R?	
Š	OF INJURY (APPROX.)	While At Not While At Wark	· 🗆			
	22. I certify that (I) (this base trad) attended	4	11/3	C 1968	to/	2/16 1968.
	that (I) (we) last sow the deceased alive	an 12/16	19 68	ond that in (my)	( <del>)</del> opinior	n death occurred on the date
l L	ond hour and fram the couses stated above	e. (1) (We) (did) (did not) v	iew the bady ofter d	leoth.	las	D DATE CICALED
	will B		nding Med.	Staff Phys.		B. DATE SIGNED  12/16/68
1	23C. PHYSICIAN'S	DEGREE PITYS	Director	□ rhys. □		-/1.4/4.0
	Mame (Type) Milli And B. LONG	M.D.		4 6M 36	(020)	BATT HE

injury or complication ANTEC DISEASES OR CO to the aba UNDERLYING CON X CERTIFICATION OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 19A. DATE OF OPERA 12/6 21A. ACCIDENT WA AL DEATH (notify medical MEDIC 21 D. TIME OF INJURY (Montl (APPROX.) 22. I certify that ( that (1) (web last s and hour and fram 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CilliAnd 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) ADDRESS 25A. DATE REC'D B FUNERAL DIRECTOR VS 150-REV. 1/1/6B



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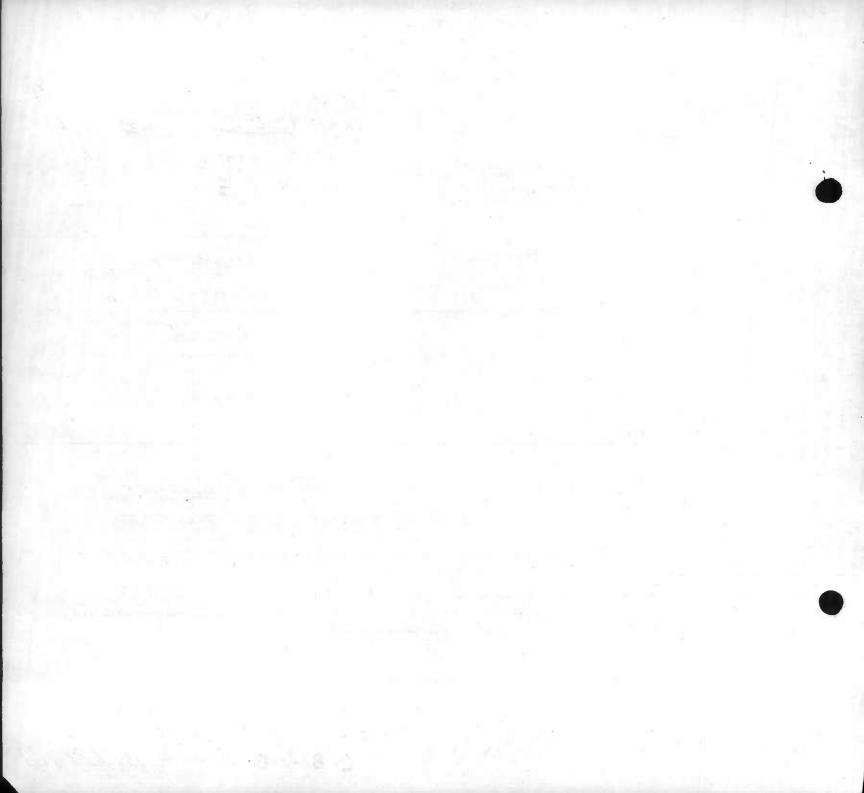
BALTIMORE CITY HEALTH DEPARTME	INT
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A 68-1900A

Ψ,	BIRTH NO.	OU4 CERTIFICA	ATE OF DEATH	KEG INO.	0_10094
	NAME OF DECEASED	( CA. M. 1). C1	2. DATE AN	D HOUR OF DEATH	
	Type or Printly MOUZON			-19-68	5.20 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If inst	itutian: residence before admissian)
11	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland -	Baltin	2/2/9 E CITY LIMITS?
1	Church Home coul	as mails	SPALLOVE		YES NO
	Church Home and	lac	E. STREET AND NUMBER		
	35		1	-mest R	4 53-00
	Mele 6. RACE White 7. MARR WIDOW	IED NEVER MARRIED DIVORCED		ost bimodoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	6A. USUAL OCCUPATION (Give kind of work 108. KINI		RY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	Steel worthy (Stocker) S	10 clar-Sted	S, C		U.S.A.
I	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	James . L . Mon	gon.	Ellen	Lou Parker	
Ī	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates af servi	1 6. SOCIAL SECURITY NO.	117 INFORMANT		ADDRESS
		213-09-288	7 Dr. Ran - Ch	unh Home (	and Hospital.
	18.3 4.7.9	CAUSE OF DEA	. A .	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cere	had damage,	Kespendory	
	(This does not mean the mode of dying,		S A CONSEQUENCE OF:	any,	
	heall failuse, asthenia, etc. It meons the dise injury or complication which coused deoth.)	156,	0 1		2 honths.
	ANTECEDENT CAUSES	(B) Care	as a consequence of	ency.	
	DISEASES OR CONDITIONS, if any, giver is to the obove cause (A) stating		AS A CONSEQUENCE OF	<i>g</i>	
	UNDERLYING CONDITION losi.	(C)			
	355X II		·		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FILL	NDINGS CONSIDERED
	11-6-68 Lest caro		ey	III CERII III CERO	- OF DEATH:
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21D-TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	While At At Wo			
	22. I certify that (I) (this haspital) attend	ed the deceased fram	10-16-1	968 to 12	- 19 - 19 68.
	that (1) (we) last saw the deceased alive	on.	19 and the	at in(my) (aur) apini	an death accurred an the date
	and haur and fram the causes stated abov	e. (1) (We) (did) ( <del>did-not</del> )	view the bady after death.		
	23A. SIGNATURE Kurtmerich	0	WE WILL WELL -		23B. DATE SIGNED
	To the second se	DEGREE	hys. U Director U	Staff Phys.	12-19-68
	23C. PHYSICIAN'S P.A.V. KRIS	tha RAD	23D. ADDRESS		
114	44. BURIAL CREMATION, 24B. DATE , 24	DEGRIC C. NAME of CEMETERY OF C		CATION (City	, town, or county) (State)
	BURIAL 12/23/68 B	ELMIR M.	EM. BL	ELAIR!	nd
1	SA. DATE RECORDE CHESITH SER (1558) NA	AE ON REGISTRAL	25C FUNERAL DIRECTOR	Bleell	TIN ADDRESS

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

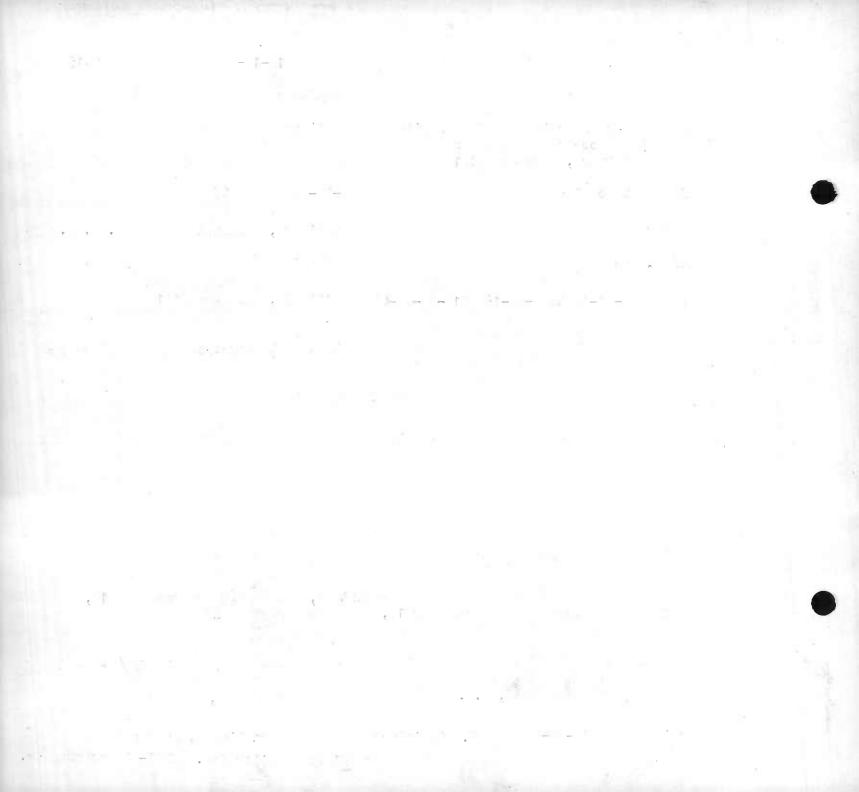
BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.	68	-1286	6 CERTIFICA	TE OF D	DEATH	Registered Na.	68-12866
M.E. CASE NO. I.NAME OF DECEASED Type or Print)			NNETT		2. DATE A	and hour of death mber 19, 196	8
FULL NAME OF HOSPITAL OR oddress or locotion)  Mt. Sinai Nursing Home				4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission A. STATE  B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL ond give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)			
				1		allas Court	
Female Wh	ite		NEVER MARRIED  D, DIVORCED (specify)	B. DATE OF BI	1882	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION done during most of working Housewife		Own H	ome	11. BIRTHPLAC		reign country)	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	Unknown			14. MOTHER'S	MAIDEN NA Jnknown		
5. Was Deceased Ever in Yes, no or unknown) (If yes			1 6. SOCIAL SECURITY NO.	17. INFORMAN Rev. Ed		ans 7202 M	artna Avenue
heart failure, asther injury or complication  ANTEC  DISEASES OR COMISE TO THE ABOUT TO THE DEATH DISEASE OR COND	EDENT CAUSES  EDENT CAUSES  EDENT CAUSES  EDENT CAUSES  EVE couse (A)  HDITION last.  I CONDITIONS C  BUT NOT RELA	any, giving slating the	(C)			utenoscla	severy sons years
19A. DATE OF OPER		DITION FOR	WHICH OPERATION	20A. AUTO	SY? (Yes or h		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF	218 horr etc.	PLACE OF INJURY (e.g., in the, form, foctory, street, of )	or obout 21C. V fice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimo:	re City, give exact location)
21 D. TIME (Mont OF INJURY (APPROX.)	h) (Doy) (Yeor)		ile At Not While		OW DID IN	NJURY OCCUR?	
22. I certify that (that (I) (we) last s			he deceased fram	000	2 and t	that in (my) (our) op	inian death occurred an the do
and hour and from 23A. SIGN ATURE 23C. PHYSICIAN'S NAME (Type)	the causes stat	Hom	Phy:	nding 🗔 🥏	Med. Director	Staff Phys.	12/20/19
4A. BURIAL CREMATIO REMOVAL (Specify) Burial	N, 24B, DATE  12-23-1	4.4	AME of CEMETERY of CRE			LOCATION CO	interior of country) (Stote)
25A. DATE REC'D BY HE		,	of REGISTRAR O	25C. FUNE	RAL DIRECTO	) R	aryland ADDRESS 01-07 Eastern Ave

VS 150-REV. 1/1/65

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MARYLAND	Dar Chil	10	03-00
C. CITY OR TOWN	Dundalk	. INSIDE CITY LIMIT	\$?
BALTIMORE	3	YES 🔝	NO 🖾
E. STREET AND NU	MBER		
1603 DIM	DALK AVE, BA	LTIMORE. W	D. #21222
8. DATE OF BIRTH	9. AGE (In years	s If Under 1 Months Da	Yr. II Under 24 Hrs.
9-30-00	lost birthdoy)	Months Da	ys Hours Min,
TRY 11. BIRTHPLACE (State		12 CITIZENI	OF WHAT COUNTRY
	or tolergil country,	12. 01112211	or milar coomin
Maryland			U.S.A.
14. MOTHER'S MAID			
Katherine			
17. INFORMANT	1910 EA	STERN AVE.	DRESS
4A BCH: REC	ORDS PATTIMO	DE MADVIA	ער בר בין מוע
ATH	BALLIMO	RE, MARYLA	PPROXIMATE INTERVAL
			VEEN ONSET AND DEATH
11-	T 117	7 1,	7 /
AS A CONSEQUENCE OF:	T IAT	ack	Dare
AS A CONSEQUENCE OF:			
/-	1 1151	/	`
ME M9 1200 AS A CONSEQUENCE OF	Ather	osclerosi	5
AS A CONSEQUENCE OF			
1		1	
VH			
20 A. ALLTOPSY? (Ye	es or No) 20B. IF YES	WERE FINDINGS CO	NSIDERED
Ves	208. IF YES, VIN CERTIFYING		TH?
		YES altimore City, give ex	and Incation)
.g., in or about 21 C. WHERE t, office bldg., INJURY OC	CUR?	animore City, give ex	oci locotion)
	DID INJURY OCCUR?		
While O			
13/19/10		12/1	9 10
12 11 11			19.6 B
1968	and that in (my) (our	) apinion death o	occurred an the dot
t) view the body after	death.		
		23B. DATE S	IGNED
Attending Med. Phys. Directo	r Staff Phys.	12/	19/68
23D. ADDRESS BA	LTIMORE CITY	HOSPITALS	#21224
	O EASTERN AV		RE. MD.
CREMATORY	24D. LOCATION		
ial Park		Baltimore,	
25C. FUNERAL DI			ADDRESS
2 John B. I	udas 7922 Wi	se Ave. Du	ndalk, Md.
			7



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cause

hospital

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death.

BALTIMORE CITY HEALTH DEPARTMENT 68-12870 CERTIFICATE OF DEATH REG. NO. BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) IRENE A. LIST Dec. 18, 1968 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY 21213 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YESX NO [ E. STREET AND NUMBER 3210 Lyndale Avenue 3210 Lyndale Avenue 9. AGE (tn years B. DATE OF BIRTH If Under 1 Yr. Months: Doys 5. SEX 6. RACE If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthdoy 7/17/95 WIDOWED DIVORCED female white 73 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore. Md. Housewife at home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Florence Fry Frank Krieger 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. 216-10-8863D Robert H.List.1629 Sherwood Ave.21212 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obove couse (A) sloting the UNDERLYING CONDITION lost. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? astima 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) Ū DEATH (notify medical examiner) MEDIC 21F. HOW DID INJURY OCCUR? 21 D. TIME (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Work Work 21-22. I certify that (1) (this haspital) attended the deceased fram 11-21-1968 and that in (my) (evr) opinion death occurred on the date that (1) (we) last saw the deceased olive an. and hour ond from the couses stated abave. (1) (Wer) (did) (did not) view the body ofter death. 23A, SIGNATURE 23B. DATE SIGNED Attending \ Mad Staff Director 23 C. PHYSICIAN'S 23D. ADDRESS 2117 Belair Road NAME (Type) (State) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

VS 150-REV, 1/1/6B

12/21/68

REMOVAL (Specify) Burial

25A. DATE REC'D BY HEALTH DEP

Baltimore, Md. Parkwood Cemetery Schimunek Funeral Home, Inc. ADORESS 3331 Brehms Lane



VS 150-REV, 1/1/



R-400

VS 151-REV. 1/1/68

68-12872 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXA	MINER'S	CERTIFICATE	OF	DEATH.
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	CERTIFICATE OF DEATH REGINO.	68-12872
1. NAME OF DECEASED PHEBE RAHLL  PHEBE RAHLL	2. DATE Known X Month Day OF DEATH Estimoted December 19.	Year Hour 1968 10:15 A _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Good Samaritan Hospital	DEATH Estimoted December 19,  3. DATE Month Doy PRONOUNCED DEAD December 19,  5. USUAL RESIDENCE (Where deceased lived.    institution: A. STATE Maryland B. COUNTY	Yeor Haur 1968 10:15 A _{M.}
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	C. CITY OR TOWN Bel Air Fallston YES	Y LIMITS?
9. DATE OF BIRTH Nov. 2, 1881  10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	1841 Churchville Road	Wednesday
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF  WHAT COUNTRY?	13. FATHER'S NAME WILLIAM S.B. PRESTON	
14A.USUAL OCCUPATION (Give kind af work) 148. KIND OF BUSINESS OR INDUSTR done during most of warking life, even if retired)  CIETK	Elizabeth Hollingsworth	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates af service)  NO 213-26-3757	Mrs. LAWA 17. Kissinger BEI A	DRESS Initiand Street
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CD  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  M111tip	CAUSE Bronchopneumonia AS A CONSEQUENCE OF:  Congestive heart failure AS A CONSEQUENCE OF: osclerotic cardiovascular dise	ase
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		21. AUTOPSY? (Yes or No)
UTING X CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED OF INJURY (APPROX.) 8-20-68 12:45 Pem. WORK NOT	T WHILE  WORK   Driver in auto-auto colutapsy  and that on this basis, deoth in my of the line of the	Raction 230' N. of County  lision
24A. BURIAL CREMATION, REMOVAL (Specify)  DEC. 21, 468  L: HIE FAILS FR		or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR W. BAL	DDRESS & williams st

June with THERENT, INCOME Assist shows fath wateried & B middles 4500 huntenov? Howard Hadadas NYELD HOLE LANGE THE THE PERSON OF A DESCRIPTION OF notes at assist of a set of - ALT ALE . . June 21,7125 2.1915 Fills Friends Cheeding William, Berlind G., Pongio-Missell the Broadway A Williams and Your indicated rich last washed mailling squade man and the

IMPORTANT

FUNERAL DIRECTOR:

68-12873 BALTIMORE CIT	Y HEALTH DEPARTMENT 68-12873
CERTIFICA	TE OF DEATH
BIRTH NO.  T, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) Clarence Shaffe	V Dec 19,1968 17:50 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland / 3 - 06
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
42	Baltimore YES Y NO
	E. STREET AND NUMBER
Simai Hospital of Baltimore	3507 Chestnut Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months Doys Hours Min.
Manc WIDOWED DIVORCED	Sep. 7, 1902 65
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Lather	Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Shaffer	Martin
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
Yes Jan*42-Oct*42 213-18-2219 CAUSE OF DEA1	Mr. Walter Shaffer 1114 West 36th St. 2
7/8/	BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	n of a livery
(This does not mean the mode of dying, e.g., OUF TO OR AS	USE Brondo preunonia / Week A CONSEQUENCE OF:
hearl failure, asthenia, etc. II means the disease, injury or complication which coused death.)	1
	Ew die Co
DISEASES OR CONDITIONS, if only giving DUE TO, OR ALL	Emply Sema Years
rise to the above couse (A) stating the	
UNDERLYING CONDITION last. (C)	
3 27,1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	a Lugusticiency
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF home, form, factory, street, or etc.)	office bldg., INJURY OCCUR?
U	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At Work	
22. I certify that (1) (this haspital) ottended the deceased from	Dec 18 1968 to Dec 19 1968
that W (we) last saw the deceased alive on De C	(9 19 6 and that in (my) (aur) opinion death occurred on the dote
ond haur and from the couses stoted obove. (1) (We) (did) (did not)	· ·
23A. SIGNATURE	23B, DATE SIGNED
	ending Med. Staff Do Dec 19 1968
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
NAME (Type) Jacob L EMI K	Si Hagaital of Baltimana
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CF	REMATORY 24D. UDCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial Dec 23,1968 St. Marys Cem.	(Hampdon)  25C. FUNDAM DIRECTOR LOST SIGN ASDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTORY Seit 814W ASDRESS ST
DEC 23 1968 R. De & Jakeley 14	

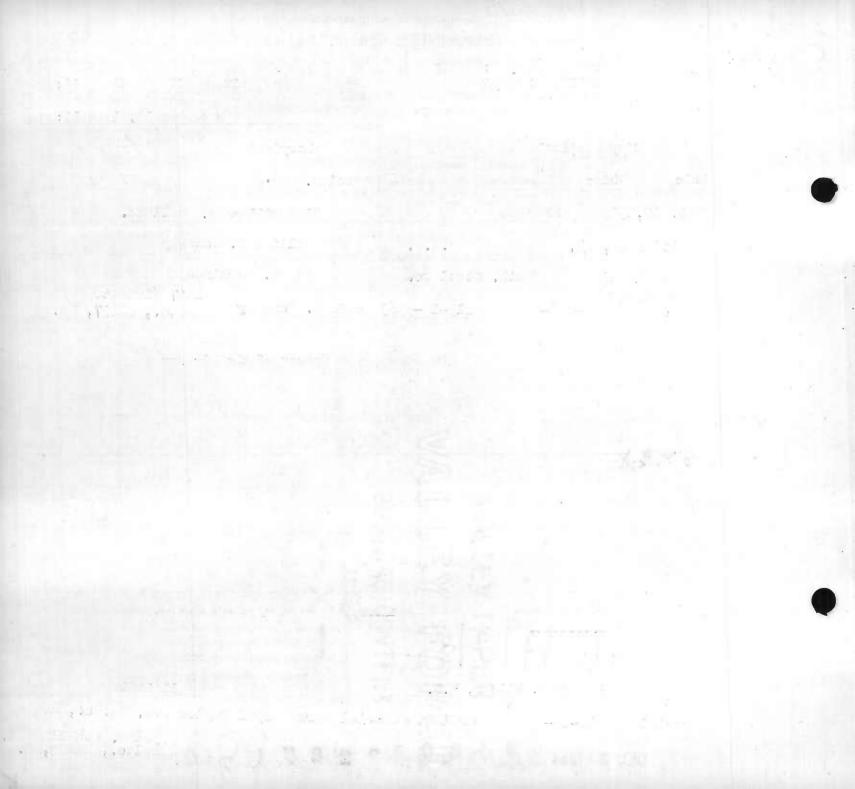


VS 150-REV. 1/1/6B

C-500

68-12875	BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL E	XAMINER'S CERTIFICATE OF DEATH PEG NO 68-1287	7

BIRTH NO.	REG. NO.
I. NAME OF DECEASED WILLIAM T. CONAWAY	2. DATE Known Month Doy Yeor Hour
WILLIAM CONAWAY	DEATH Estimoted 12 17 68 11:00pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	December 17, 1968 11:00 p
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
3/ City Hospital	A. STATE Maryland B. COUNTY /- 0 /
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. Md. YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER
Oct. 10.1915   lost birthdoy)   Months   Doys   Hours   Min	3108 Dillon St. # 21224.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore , Md. WHAT COUNTRY?	William T. Conaway
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	Ida H. Merkings
Unemployed Beth. Steel Co.  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT 1207 & PRESS t.
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO ZIJ-IO-930	
The state of the	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE (This does not meen the mode of dying, e.g., DUF TO OR	
heort foilure, osthenio, etc. It meons the diseose,	R AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED [21. AUTOPSY? (Yes or No)
02	NATIO .
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g	., in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, off	fice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  ≥ 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	T WHILE —
(APPROX.) m. WORK AT	WORK
	utopsy 🔯 ond that on this bosis, deoth In my opinion
resulted from Natural chases Accident Suic	ide Homicide Undetermined manner
ACTUAL AND AND S	CHIEF MEDICAL EXAMINER DATE SIGNED
	.D. ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	12/18/68
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER	Ro Co Md.
Burial 12-21-68 Moreland Men	nortal Park 2901 149101
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR? SADDRESS CONKLING ST
DEC 23 1968 1 Du & & Starben Ro	2 20 Balto., 21224, Md.
	- Junearies of Junear
VS 151-REV. 1/1/68	



68-12876 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

0	0		A	63	0	pay	0
0	0	-	19	1	1	1	1

BIRTH NO.			KEG. 140	
1. NAME OF DECEASED (Type ar Print)  ANTHO	NY ADAMITIS (adam)	2. DATE Known M Month OF DEATH Estimated December	18, 1968	Haur M.
4. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	3. DATE Month	Day Ye	
HOSPITAL ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	PRONOUNCED DEAD December		3:45 P.M.
ORINSTITUTION University H	ospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. A. STATE B. C Maryland	If institution: resider	nce befare odmission)
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	7	INSIDE CITY LIMIT	TS?
Male White	WIDOWED DIVORCED	Baltimore	YES X	NO 🗆
DATE OF BIRTH 10. AGE (		E. STREET AND NUMBER		
7/29/1902 6	b   Millins   Boys   Hoors	881 West Lombard	d Street	
1. BIRTHPUACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
4A.USUAL OCCUPATION (Give kind of work	148. KIND OF BUSINESS OR INDUSTRY	15 MOTHER'S MAIDEN NAME		
ane during most of working life, even if retired)	114.01	E - 7 0+		
6. WAS DECEASED EVER IN U.S. ARME		18. INFORMANT	ADDRESS	granus la Al
(es, na or unknown) (If yes, give war or dates	of service) SECURITY NO.	man Withing Pitain	07,3701	LIRECHINGENCE 11729
[19. ] [ ] [ ]	CAUSE OF DEA	TH VICTORIA MINING		APPROXIMATE INTERVAL
DISEASE OF COMPLETON DIFF	Hypertens	sive and arteriosclerotic		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	(A)IMMEDIATE C	and torreson law.		
(This does not mean the mode of d heart failure, asthenia, etc. It means th	ying, e.g., DUF TO, OR A	AS A CONSEQUENCE OF:		का तीन हों। कुछ तीन कुछ कुछ कार कुछ कार होंग कार तीन मेंडून तीन हों। कुछ उस कारणाव कार कीर उस उस तीन तीन स्थित
injury ar complication which caused de				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, IF AN		AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	(C)			
THE SIGNIFICANT CONDITIONS C	(0)			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN E	O THE TERMINAL			
20A. DATE OF OPERATION 208. CO	NDITION FOR WHICH OPERATION WA	AS PERFORMED	21. A	JTOPSY? (Yes ar Na)
2				Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	228. PLACE OF INJURY (e.g., hame, farm, factary, street, affic	in or obaut 22C. WHERE DID (If in Boltimore Ci e bldg., etc.) INJURY OCCUR?	ty, give exact lacation	
☐ UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Day) (Yes	or) (Hour) 22E.1NJURY OCCURRED	22F. HOW DID INJURY OCCUR?		
OF INJURY (APPROX.)		WHILE		
23.	m. WORK LAT W	ORK LI		
I certify that I held on	Inquiry Inspection Au	topsy 🔀 ond that on this basis, dea	th in my opinio	n
resulted from: Notural ca	uses XX Accident Suicid	le Homicide Undetermined	monner	
6.0 8		CHIEF MEDICAL EXAMINER		DATE SIGNED
ACTUAL SIGNATURE	J- Or Zet M.D	ASSISTANT MEDICAL EXAMINER		DATE STOTIES
	s S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	December	19, 1968
REMOVAL (Specify)	24C. NAME of CEMETERY	10 3000	(City, tawn, ar cau	onty) (State)
Aural 1221	168 London Las	R Cem. 3801 Bled	one old	re la
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRES!	901 . 5.
DEC 23 1968	Politice Stably	) Holy Cowande	wine	tollins
S 151-REV. 1/1/68				23 md. 1

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	BALTIMORE CITY HEALTH DEPARTMENT
3-12877	CERTIFICATE OF DEATH

68-12877 REG. NO.

BIRTH NO.	68	3-1287	77 CERTIFICA	TE OF DEATH	REG. NO	00 17	2077
1. NAME OF DECE	MULLINIX,	WILLIA	M EDWARD		EMBER 22.		6:25AM
	MORE MARYLAND, W	HERE PRONOL		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. If	-	1
HOSPITAL OR INSTITUTION	ST. AGN	ES HOS	PITAL ON AVES.	C. CITY OR TOWN CA	tonsville M Manor	VES	NO [X]
40			RYLAND 2122		MARYS AVE	NUE	53-00
MALE	WHITE	WIDOWED [		8. DATE OF BIRTH 12/01/11	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	s Hours Min.
BANK MA	MAGER	BANK		11. BIRTHPLACE (State or for MARYLAND		US	OF WHAT COUNTRY?
LOUIS E	. MULLINIX		DEC 'D	14. MOTHER'S MAIDEN NA			
(Yes, no or unknown)	ver in U.S. Armed For Off yes, give wor or dote N	s of service)	16. SOCIAL SECURITY NO. 215-01-9127	17. INFORMANT ST. AGNES REC		ENS & COMMORE, MI	
(This does not heart failure, a injury or comp  AI  DISEASES OR rise to the UNDERLYING	EADING TO DEATH I mean the made of sthenia, etc. It means dication which caused NTECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION lost.	the disease, death.) ony, giving stating the	(B) Mycto	a consequence of: adval Influence A CONSEQUENCE OF:		nt»	1 day
TO THE DEATH DISEASE OR CO	BUT NOT RELATED TO TO NOTION GIVEN IN PAR 198. CON WAS PER	T 1 (A).  DITION FOR V		20A. AUTOPSY? (Yes or N			
21 A. ACCIDENT OR CONTRIBUT DEATH (notify r	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	e, farm, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exc	oct facation)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)						
that ( <b>)X</b> (we) !		d alive an	DECEMBER 2	CEMBER 21, 2, 19 68 and 1	hat in XnX (aur) o		22 , 19 $68$ , coursed an the date
and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ	or on B.	Blumb	Deig M. D. DEGREE Phys	nding Med. Director  23D. ADDRESS	Staff Phys.	23B. DATE SI 12/2. LKENS &	CATON AVE
MORTO  24A. BURIAL CREM REMOVAL (Sp	ATION, 248. DATE		AME of CEMETERY OF CRI	MATORY 24D.		(City, town, or co	unty) (Stote)
Burial 25A. DATE REC'D	12-26-6		e View Memori	al Park Cem. Li	berty Road		County, Md.
	DEC 23 1968	Robert	5 E. Farbeigen	Howard H. Hut	bard, 4107		

25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B

The same times for the reference and . 27 THE SECTION OF THE PARTY 

written approval must be obtained before the remains are embalmed or final disposition is made.

Such

a hospital and

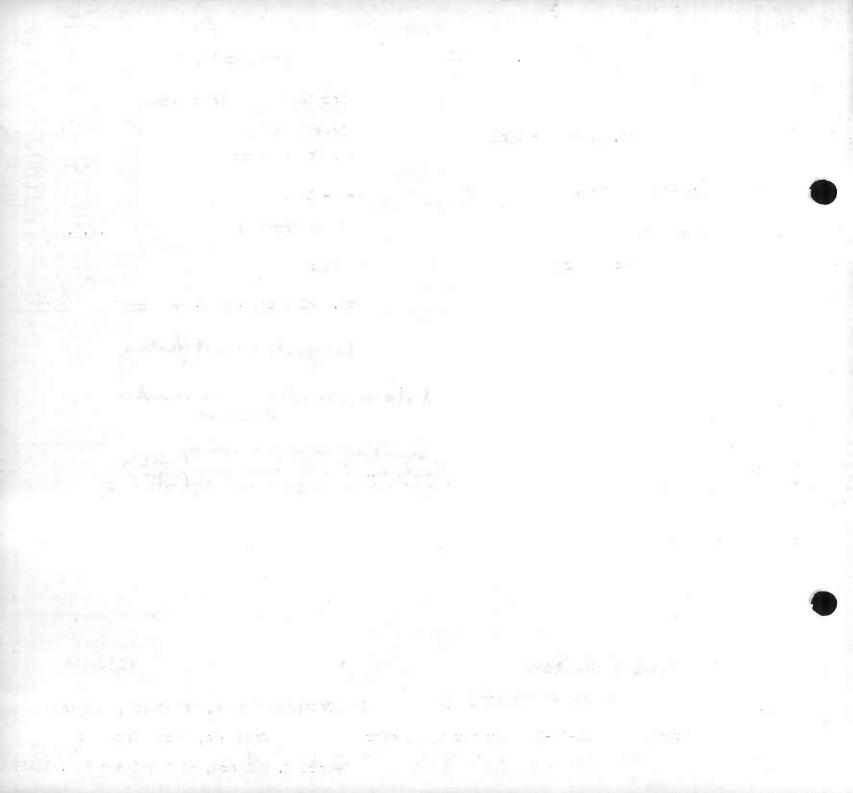
0 40000	BALTIMORE	CITY	HEALTH	DEPARTMENT
8-12878				

TED T	4 7 6	0.5		70 1 1
$-\nu$	$\Lambda$ $\perp$			
	$\Delta$ I L		DEA	

REG. NO	68-12878	
HOUR OF DEATH		_

BIRTH NO.	CERTIFICA	ATE OF DEATH REG. NO.	00-120/0
NAME OF DECEASED Type or Print)  MARY	. CLINE	December 21, 196	
PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland Baltimor	/) , ~ ~
/ St Acres Hear	1401	Lansdowne	YES NO X
HO St. Agnes Hosp	Ital	805 Rambo Court	
SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths: Days Haurs Min.
Female White	VIDOWED X DIVORCED	6-10- 1884 84	
A. USUAL OCCUPATION (Give kind of work 10 ne during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY
		South Carolina	U.S.A.
lousewife FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,0,11,
William Ki <b>r</b> by		E11-	
. Wos Deceased Ever in U. S. Armed Farces	? 1 6. SOCIAL	E11a	ADDRESS
es, na ar unknawn) (If yes, give war ar dates a	f service) SECURITY NO.	THI SKILLING	ADDRESS
		Mrs. McIntyre, 805 Rambo	Court 21227
18.412,41	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, if any rise to the above cause (A) st UNDERLYING CONDITION last.	, 9,,,,,9	S'A CONSEQUENCE OF the sease	
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL COLLECTION	is I Collulation lags, pull	meran
19A. DATE OF OPERATION 19B. CONDIT	ION FOR WHICH OPERATION		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID (If in 8altimo	re City, give exact lacation)
21D-TIME (Manth) (Day) (Year) (I OF INJURY (APPROX.)	While At Not White At Work		
22. I certify that (i) (this haspital) a	ttended the deceased fram	19ta	19
that (1) (we) last saw the deceased of			inian death accurred an the da
and haur and fram the causes stated	abave. (I) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	Δ.44	rending Med. Staff	23 B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE		12/21/68
NAME (Type)	OUTSOS		
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	320 Patapsco Avenue Balt	imore Maryland (State)
Burial 12-24-19	68 Armstrong Cemete		th Carolina
	B. NAME OF REGISTRAR	2 25C FUNERAL DIRECTOR Howard H. Hubbard, 4107	ADDRESS

VS 150-REV. 1/1/6B



68-12879	
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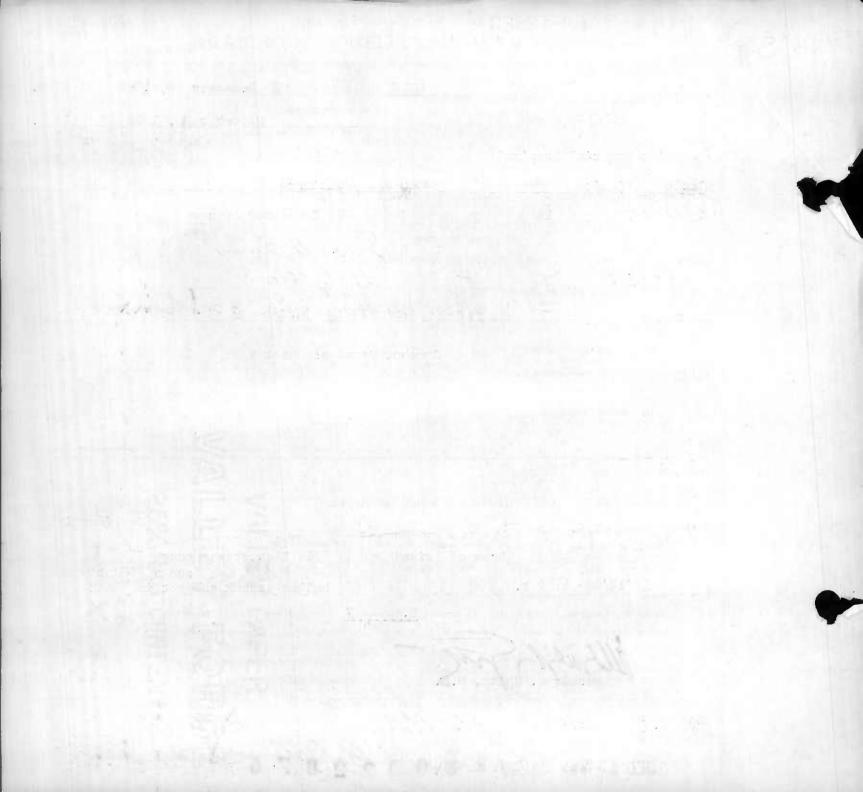
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. 68-12879

BIRTH NO.	O INO.	CERTIFICA		AIH	FATH	
(Type or Print)	rta Ta	sanh Hush				10:15 a.m.
3. PLACE IN BALTIMORE, MARYLAND,		UNCED DEAD	4. USUAL RESIDE	December 17  NCE (Where deceased lived B. COUNTY		
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE STREET	Maryla:	nd Balto	. INSIDE CITY L	IMITS?
h			Balto		YES 😿	NO 🗌
The Johns Hopkir	s Hospi	tal	E. STREET AND N			
	T		2926 н	arford Rd.		
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy)	If Unde Months	Doys Hours Min.
Male White 10A. USUAL OCCUPATION (Give kind of v	WIDOWED		1/27/41	tote or foreign country)	12 CIT	ZEN OF WHAT COUNTRY?
done during most of working life, even if retire  At Home	d)	d from birth	Maryla		USt	
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME		1 1 3
Wilbur E. Robert			Virg	inia Hudson		
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or d	Farces? lotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No None			Family r	ecords		
18.746.21		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode heart failure, osthenia, etc. It mean injury or complication which cous ANTECEDENT CAUS	'H of dying, e.g., ins the disease, sed deoth.) SES		A CONSEQUENCE	2 monale, Tel. of Line ciarlo		congenital
DISEASES OR CONDITIONS, in itself to the obove cause (AUNDERLYING CONDITION lost.			10 sepsis			'adays
O OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN E	THE TERMINAL					
19A. DATE OF OPERATION 19B. C		WHICH OPERATION	20A. AUTOPSY?		VERE FINDINGS G CAUSES OF	CONSIDERED DE ATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 2TC. WHE ffice bldg., INJURY C	ERE DID (If in Bo	oltimore City, giv	e exact location)
OF INJURY (APPROX.) (Month) (Doy) (Ye		INJURY OCCURRED  ile At  Not While rk At Work	е	V DID INJURY OCCUR?		
22. I certify that (!) (this hospi that (!) (we) last saw the deced	sed alive an	12/17		19 6 to to and that in (my) (our	) opinian dea	19 68 th occurred on the dote
and haur and from the causes s	tated above. (	/ (me) (did not) v	riew the bady afte	er death.	000 04	TE SIGNED
Sand I fe	rhoon	DEGREE Phys			238, DA	2/17/68 1
David L.	Jackson		The John	s Hopkins Ho	ospital	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  Dec. 20		AME of CEMETERY of CRE Laney Valley M		Lockeusvill	(City, town,	or county) (State)
25A. DATE BEGIN BY HEALTH DEPT.	25B NAME	OF AGGISTEAR DELLER	- 6	DIRECTOR	4:	address

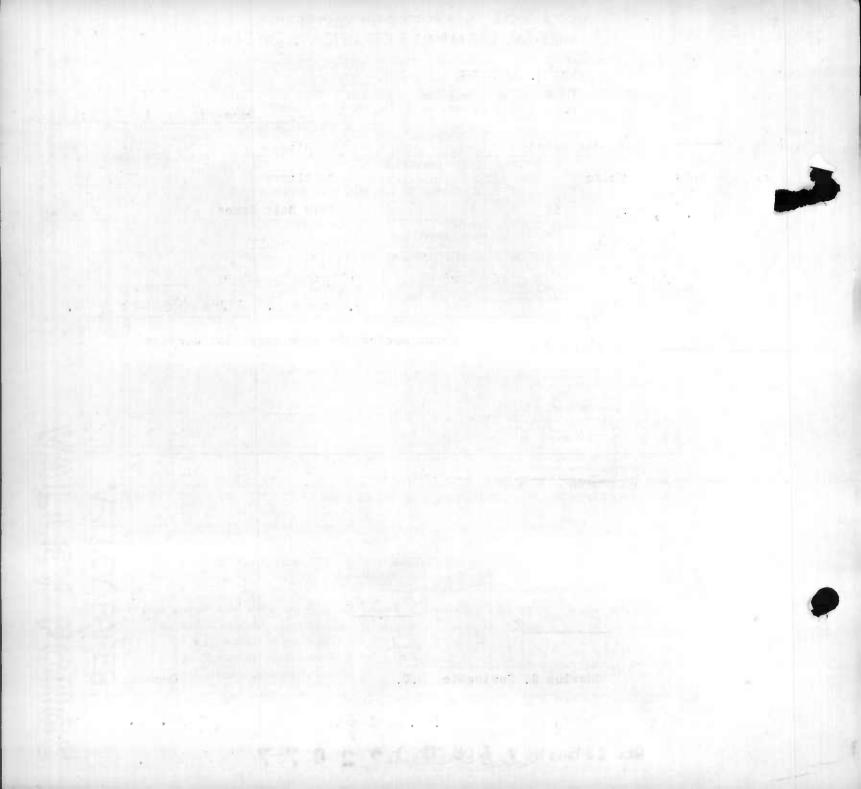
resonant Tradition of the Control of Stranger Later Acres 10 وه و مسلم منها magic 2 0-90 The state of the s Jan 1 per 

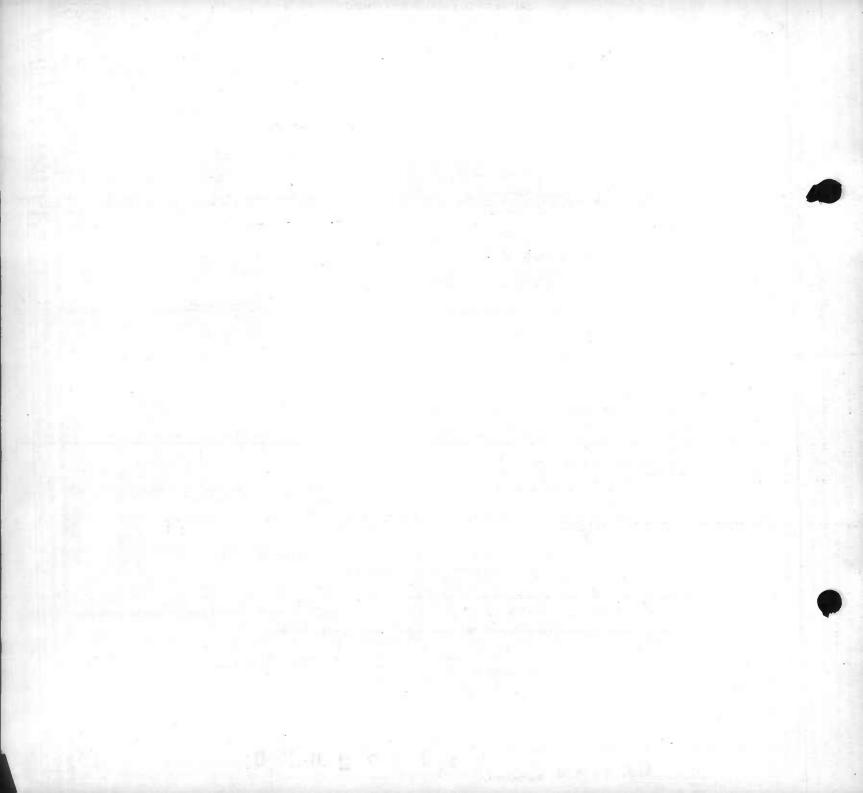
MEDICA BIRTH NO.	L EXAMINER'S	CERTIFICA	TE OF	DEATH	REG. NO.				
1. NAME OF DECEASED			(nown	Month	Doy	Yeor	Hour		
(Type or Print) TONY ALLE	LUNN	OF	stimoted X	Decembe		1968	1:55	P.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE		3. DATE	7.	Month	Day	Yeor	Hour	<u> </u>	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL ADDRESS OR LOCATION)		PRONOUNC		December			2:15		
OR INSTITUTION		5. USUAL RESIDI A. STATE	ENCE (When		COUNTY	; residence b	pefore odmissi	an)	
77 Union Memorial Hospit	a1	Maryla	nd		10	- 0	0		
6. SEX 7. RACE B. MAI	RRIED NEVER MARRIED	C. CITY OR TOV	VN		. INSIDE CI	TY LIMITS?			
male white WIDO	WED DIVORCED DIVORCED	Balti E. STREET AND			YE	s 🔀	ио 🗆		
2/12/54 lost birthday)	Manths, Doys, Hours, Min.			er Avenu	ie				
11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF	13 FATHER'S N	AME	0					
and.	WHAT COUNTRY?	I. barro	Il Z	unn					
4A.USUAL OCCUPATION (Give kind of work 14B. KIP done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	5. MOTHER'S A	MAIDEN NA	ME					
Student	* Apparent	Sheiler	Lee						
16. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 17. SOCIAL	18. INFORMAN	T	0.90 ( ), (		DDRESS			
(Yes, no or unknown) (If yes, give wor ar dotes af servi	SECURITY NO.	Shirley 1	Parker	332	Y lake	intins	At.		
19 0 0 0 0	CAUSE OF DEA	TH	Muc	900	1000		PROXIMATE INTE		
2-12211						BETW	EEN ONSET AND	DEATH	
DISEASE OR CONDITION DIRECTLY	Gunshot	Wound of	Chest						
LEADING TO DEATH  (This does not mean the made of dying, e.g.	(A)IMMEDIATE C	AUSE							
heart foilure, asthenia, etc. It means the discose		AS A CONSEQUEN	CE OF:						
injury or complication which coused deoth.)									
ANTECEDENT CAUSES	(8)								
DISEASES OR CONDITIONS, IF ANY, GIVIN		AS A CONSEQUEN	NCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.									
Z	(C)								
TOTHER SIGNIFICANT CONDITIONS CONTRIB	HTING								
O THE DEATH BUT NOT RELATED TO THE TEN	MINAL								
OF THE REGISTION OF THE PROPERTY OF THE PROPER		45 DEDECRASE				101 41170	DC1/0 (V	NI-X	
20A. DATE OF OPERATION 20B. CONDITIO	N FOR WHICH OPERATION W	AS PERFORMED					PSY? (Yes ar		
							es (Partial)		
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-UTING CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., hame, farm, foctory, street, office			(If in Boltimore	City, give exo				
UTING CAUSE OF DEATH.	home of friend			hester A	venue	12 0			
	our) 22E. NJURY OCCURRED			NJURY OCCUR	0	ccider	ntly wen	nt of	
OF INJURY (APPROX.) 12/20/68 1:50 P.		WHILE Y bu	llet s	truck su	0				
23. I certify that I held an Inquiry	Inspection P. Au	tapsy 🔀 ar	nd that an	this basis, d	eath in my	apinian			
resulted from: Natural causes	Accident X Suicio	de Homic	ide 🗌	Undetermine	d manner [				
1.111	( + -	CHIE	F MEDICAL	EXAMINER [					
ACTUAL MILA	DOM	ASSISTAN	NT MEDICAL	EXAMINER T	*		DATE SIGNI	ED	
SIGNATURE	M.C	).			<u>ה</u>		12/21	168	
EXAMINER'S Werner U. S			TE MEDICAL	30111					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY	24D	LOCATION	(City, towr	, ar caunty	) (Stote	)	
Burgal 12/24/68	Was Ilan	Age -		Bal	tabo	-			
25A, DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FIINI	ERAL DIREC	TOR	A	DDRESS	du		
	. 6 F C	0	1011	//		11	Z	-*	
DEC 23 1968 OLD	TE TELEBRAT	Mary	Schline	with	3615	Loque	elia		

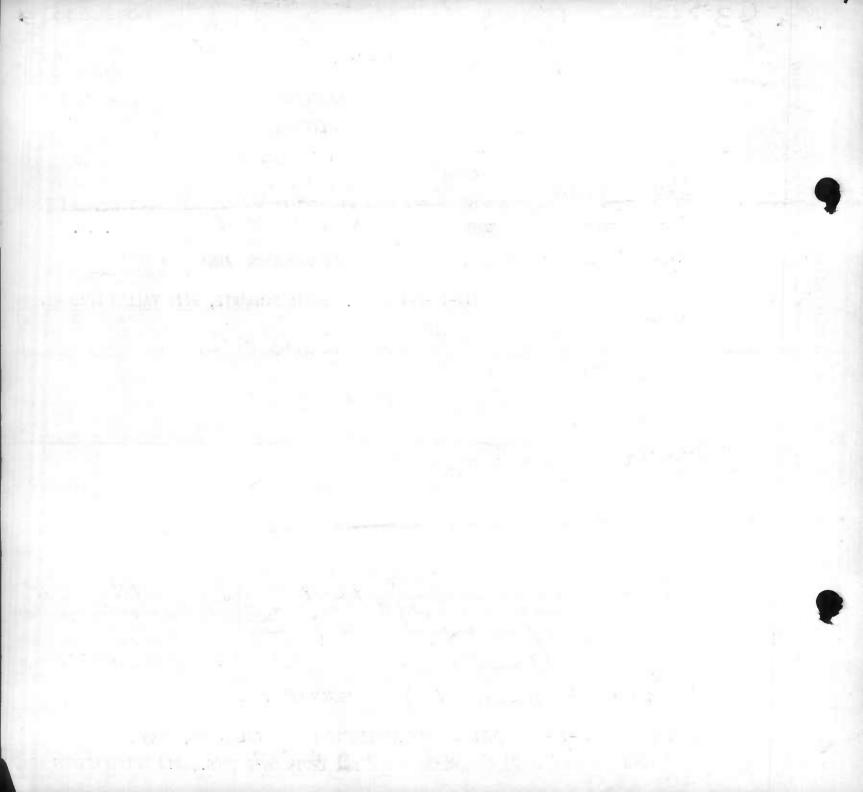


68-12881 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL	EXAMINER'S	ERTIFI	CATE OF	DEAT	H REG. NO	68-1	288	1
1. NAME OF DECEAS	SED			2. DATE	Knawn 🗍	Manth	Day	Yeor	Haur	
(Type or Print)	JAMES	E. BA	RNHILL	OF DEATH	Estimated	Wallin	Day	reoi	naur	M.
4. PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE		» Month	Doy	Yeor	Haur	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	LORINSTI	ITUTION, GIVE STREET		INCED DEAD		er 18,		2:10	P. M.
4 6	49 Belt Str	eet		A. STATE	faryland		B. COUNTY	25/	- 0	4
6. SEX 7.	RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
Male	White	WIDOW	ED DIVORCED		Baltimore		YE	s 🛛 N	o 🗆	
9. DATE OF BIRTH	10. AGE (In lost birthdo	y)	# Under 1 Yr. If Under 24 Hrs. Months   Doys   Haurs   Min.		.649 Belt	Street				
Nov. 19, 19	mbe also		12. CITIZEN OF	13. FATHER		Street				
West Vir			WHAI COUNTRY?		es Barnhi	11				
14A.USUAL OCCUPAT	ION (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
done during mast of work		Sh	nip Yard	Eli	zabeth Ur	known				
16. WAS DECEASED				18. INFOR	MANT		AD	DRESS		
Yes, no or unknown) (If y	# 2	ar service)	SECORITY NO.	Mr. J	oseph F.	Collin	s 383 N	larley	Ave.	
19. 21 1 9	4-,		CAUSE OF DEAT	TH					OXIMATE IN	
DISEASE O	R CONDITION DIRE	CTLY	Arteriosc	lerotio	cardiova	ascular	disease			0.000
	DING TO DEATH		(A)IMMEDIATE C	ALISE						
(This daes not n	nean the made of dy	ing, e.g.,	DUE TO, OR A		UENCE OF:					
injury ar camplic	henio, etc. It means the ation which caused dec	ith.)								
	CEDENIX CALLES									
	CEDENT CAUSES CONDITIONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE AE	BOVE CAUSE (A) STA									
Z	CONDITION LAST.		(c)							
E 4221	II II									
O THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA	THE TERMI								
20A. DATE OF OF	PERATION 208. COL	NOITION	OR WHICH OPERATION WA	S PERFORM	ED			21. AUTOPS	Y? (Yes a	r Na)
02							Yes			
OHNIDEDIVINICE	CAUSE WAS OR CONTRIB-	2	22B. PLACE OF INJURY(e.g., home, farm, factory, street, office	in ar abaut 2 bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Baltimor	re City, give exac			
UTING CAUSE		\ (1)	LOOS INVITANCE COURSES		25 HOWDID IN	HURY OCC	100			
OF INJURY (APPROX.)	nth) (Day) (Year			WHILE	2F. HOW DID IN	JURY OCCI	JK?			
23.										
	that I held an I			rap sy X			death in my	7		
resulted	fram: Natural cau	ses X	Accident   Suicid		omicide 🔲		ned manner L			
ACTUAL	(1)	)   '	11		CHIEF MEDICAL			D	ATE SIGN	NED
SIGNATURE	leans	0,	Je JNM.D	. ASSI	STANT MEDICAL	EXAMINER	X.			
EXAMINER'S	OHALICS	S. SI	pringate, M.D.	ASSC	CIATE MEDICAL	EXAMINER	Dece	ember 1	9, 19	68
NAME (Type			24C. NAME of CEMETERY	ar CREMATO	DRY 24D	LOCATION	(City, tawn	, ar county)	(Stat	te)
REMOVAL (Specify)		10			240				(5,0)	-/
Burial		68	U. S. Na		CUAICDA! DIDEO	ron.	Balto. 1			A3
25A. DATE REC'D BY		25B. NA	AME OF REGISTRAR		FUNERAL DIRECT		AL	DDRESS		
	EC 23 1968	Nel	et Et Failer de	2 21	GCully ?	1	130 I	E. Fort	Ave	11:11







FUNERAL DIRECTOR: IMPORTANT

11	BALTIMORE CITY	HEALTH DEPARTMENT	00 40004
6	8-12884 CERTIFICA	TE OF DEATH	REG. NO. 68-12884
	CLITTICA	TE OF BLATTI	
Type or Print) S JACOB)	11.112.0 ==0	2. DATE AND HOU	R OF DEATH
JACK	HAMBUN GER		12/ 16-68 DN
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	OYD.	13-01
HOSPITAL OR ADDRESS OR LO	CATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
MEN MEN	ORIAL HOSPITAL	BARTINGAL	YES NO NO
UN ONTON	01/1/10/1/10/1/11	E. STREET AND NUMBER	
7 /		323 HAKE 1	ORIVE
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	6. DATE OF BIRTH . 9. AGE	(In years   If Under 1 Yr If Under 24 Hrs.
1/1/	. = =	11-22-11894 lost birth	Months Days Haurs Min.
MALE CAUCASIAN	WIDOWED DIVORCED OF BUSINESS OF INDUSTRY	13 RIPTHU ACTION OF THE PROPERTY OF THE PROPER	12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if refired		TI. BIKINGEACE (State of foreign count	12. CITIZEN OF WHAT COUNTRY
PROPRIETOR	REAL ESTATE	BALTIMOREMI).	u.s.A.
3. FATHER'S NAME	NEAL ESTATE	14. MOTHER'S MAIDEN NAME	
MORRIS HAMBURGER		DACINEI O	OUT !
S. Wos Deceosed Ever in U. S. Armed	Forces? 1 6. SOCIAL	17. INFORMANT	OHEN
Yes, na ar unknown) (If yes, give wor or d	otes of service) SECURITY NO.	7. INFORMANT	SUITE 207-208
NO	212-26-2572	MR. CALVIN I. HAMBUI	RGER, TOWER BLDG., #21202
18. 44 - 7	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OF CONDITION	DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEAT	н	USE REPIRATORY ARK	0507
(This does not meon the mode	of dying, e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	[23]
hearl failure, osthenio, etc. It mea injury or complication which caus	ns the disease,		
	0		
ANTECEDENT CAUS	(B)	S A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, i		A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c) 13. C	CVA	
33/X II			
Z	ONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO	THE TERMINAL		
O 19A. DATE OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Na) 20B. 1	F YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CO	ERFORMED	IN CE	ERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Baltimore City, give exoct lacation)
OR CONTRIBUTING CAUSE OF	home, farm, foctory, street, c	ffice bldg., INJURY OCCUR?	(if it building city, give exoci (academ)
)	etc.)		
21 D. TIME (Manth) (Day) (Yes	or) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
ØF INJURY (APPROX.)	While At Not Whi		
B	Work L At Work	1. /	= 11 to m
22. I cortify that (1) (this hospi	tol) ottended the deceased from	12 19 68	
that (1) (we) lost sow the deced	sed olive on 12	196 ond that halm	(pur) opinion deoth occurred on the dot
and hour and from the causes s	totedpobove. (1) (Mg) (did) (did not)	view the body after deoth.	
23A. SIGNATURE			23B. DATE SIGNED
11/4 0/11/		ending Med. Staff	12/10/08
23 PHYSICIONES	OEGREE Phy	ys. Director Phys. 4  23 D. ADDRESS	1/16/60
23C PHYSICIAN'S NAME (Type)	11	ADDKESS	
/ R/O1 0 R/I	11	11.	1
MONALD PIC	LE VAY UNDEGDEE	UNION ON ED	MORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	UNION MED	MORIAL ITOSPITAK N (City, town, ar county) (State)
REMOVAL (Specify)			
			MARYLAND  ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

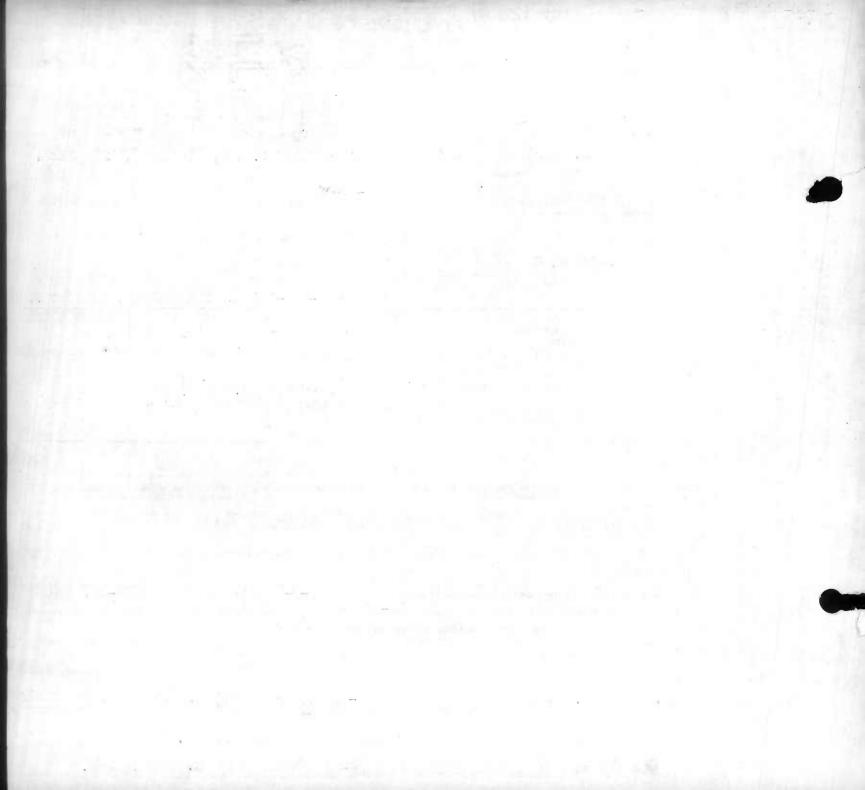
ADDRESS

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

ENTEN MEMORIAL HOSPITAL PARTITIONS 333 MIE ... MUE CAUCHSLAND Cla RICHER CONEY MERCULY LAWEST PLIBITIONIA AVS R OW. 30 1/4 A11 00 Marino M. LEG UM CUP UNION MEMBERS P.

Titler is a single property of the contraction 



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death.

of death

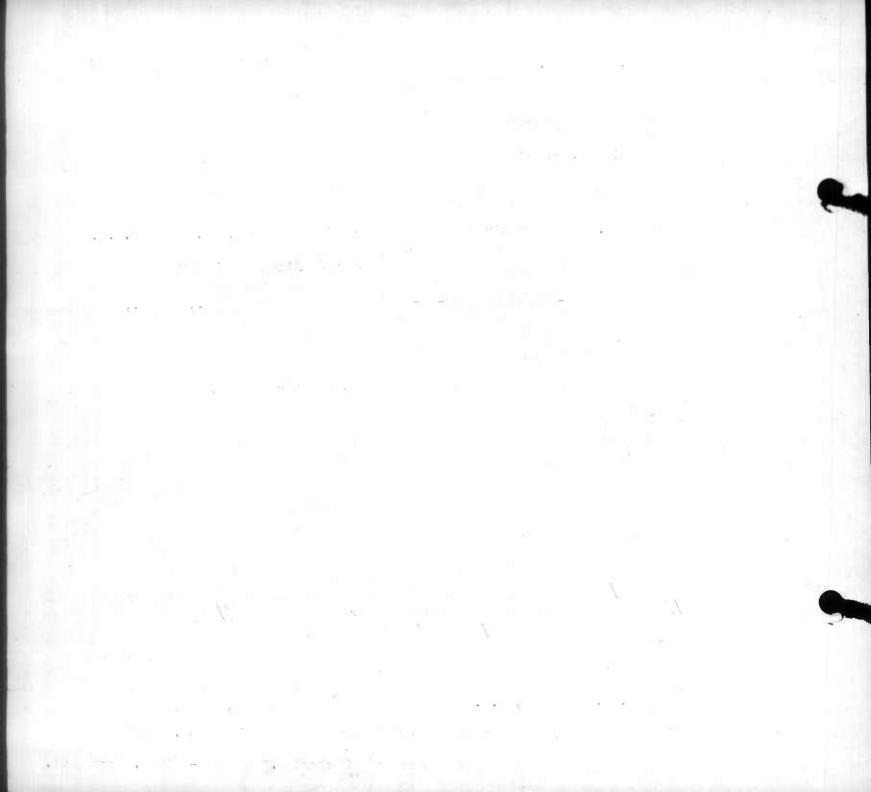
BIRTH NO.	6	8-12887	CERTIFICA	ATE OF DEATH	REG. NO	68-1288/
I. NAME OF DE		-			AND HOUR OF DEAT	Н
(Type or Print) JC	ONES, WALTER	R.		70	/20/68	12:50 A M
	LTIMORE, MARYLAND,		D DEAD	4. USUAL RESIDENCE	Where deceased lived. If DUNTY	institution: residence before odmission)
FULL NAME OF	F (IF NOT IN HOST	PITAL OR INSTITUTION	N, GIVE STREET	Maryland	351	30
IA C CTI T L L T L CO N L	Veterans Adm			C. CITY OR TOWN	g. IN	SIDE CITY LIMITS?
	3900 Loch Ra			Baltimore		YES NO NO
	Baltimore, M		218	2542 Mosh		
5. SEX	6. RACE	7. MARRIED N	IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Male	Negro	WIDOWED	DIVORCED	12/21/90	78	
	CUPATION (Give kind of working life, even if retired		INESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	al Emp.	Retired		Baltimore C	ounty Md	U.S.A.
3. FATHER'S NA	AME			Baltimore C	NAME	UsDens
Jame	s Jones			Eliza Jane	Quickley	
5. Wos Deceose	ed Ever in U. S. Armed I	Forces? 16.	SOCIAL SECURITY NO.	17. INFORMANT VA Hospital	Boomed	ADDRESS
Yes	(If yes, give wor or d 10/28/17 =	11/15/18	218-42-707		aven Blvd. H	BaltoMd 21218
1B. L.1 -	20 Y I		CAUSE OF DEA	27	aven bivu.	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION	DIRECTLY		THT #2		BETWEEN ONSET AND DEATH
	LEADING TO DEAT		(A) IMMEDIATE CA	AUSE		24 hours
heart failure	nat mean the made e, asthenia, elc. Il mea	ns the disease,		S A CONSEQUENCE OF:		
injury or co	amplication which caus ANTECEDENT CAUS		Cong	estive Heart Fa	ailure	4 years
DISEASES	OR CONDITIONS, i		(0)	AS A CONSEQUENCE OF:		4 Jeans
rise la l	the above cause (ANG CONDITION last.		(c)			
TO THE DE	II IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINAL				
	OF OPERATION 198. CO		H OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner	218, PLA hame, fo	CE OF INJURY (e.g. rm, foctory, street,	, in or obout 21 C. WHERE DI office bldg., INJURY OCCU	D (If in Boltim	ore City, give exoct location)
21D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Yes	or) (Hour) 21 E. INJ While A Work	URY OCCURRED Not WI	hile 🗖	INJURY OCCUR?	74 110
	fy that (1) (this haspi			The second secon	10 68 to Do	cember 20th 1968
	e) last sow the decea	·	_			pinion deoth occurred on the date
					-	printed deem occurred on the dat
23A. SIGNAT		toted obave. (y) (W	e) (did) (gigi han)	view the bady ofter dec	oth.	23B, DATE SIGNED
250.510.10	DA F Haus	wes mi		ttending Med.	Staff Phys.	12/20/68
23C. PHYSIC NAME	IAN'S	3. /-3.	DEGREE	23 D. ADDRESS	Loch Raven	
, , , ,		BYSZ, M.D.	ŒĠŔ			
24A. BURIAL CI REMOVAL Buria	REMATION, 24B. DATE	24C. NAME	of CEMETERY of C		imore Maryl D. LOCATION Baltimore Co.	
	D BY HEALTH DEPT.	258, NAME OF R		25C. FUNERAL DIREC		ADDRESS

V\$ 150-REV.

1/1/6B

25C. FUNERAL DIRECTOR Refbert Ef! Nutter

-3035 W. North Ave.



Such

2 1		Y HEALTH DEPARTMENT	68-12888
6	8-12888 CERTIFICA	TE OF DEATH REG. NO.	00 Tr000
DIKITI 140.	CERTIFICA		
1.NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
MORSE, Willia 3. PLACE IN BALTIMORE, MARYLAND,	am Linwood	12-13-68	7:10 A M
		4. USUAL RESIDENCE (Where deceosed lived, If A. STATE 8. COUNTY	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOC	TTAL OR INSTITUTION, GIVE STREET	Maryland	A CITY HAUTES
Veterans Admir	nistration Hospital		SIDE CITY LIMITS?
23 3900 Loch Rave		Baltimore E. STREET AND NUMBER	YES NO
Baltimore, Mar		2603 North Hilton Street	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Negro	WIDOWED DIVORCED	3-19-17 51	
16A, USUAL OCCUPATION (Give kind of wo		11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Grocery Clerk	Acme Market	Petersburg, Virginia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Morse		Ella Fitt	
15. Was Deceased Ever in U. S. Armed F (Yes, no or unknown) (If yes, give war or do		17. INFORMANT VA Hospital Reco	rds ADDRESS
Yes 12-4-42 to 1		Baltimore, Maryland 2121	
18.	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION D	DIRECTIV		BETWEEN ONSET AND DEATH
LEADING TO DEATH		Hamentingian Cambiarrage	lar 5 Years
(This does not mean the mode of	of dying, e.g., (A)IMMEDIATE CA	USE Hypertinsion Cardiovasco A CONSEQUENCE OF: Disease with Un	uar ) rears
heort failure, asthenia, etc. Il meor	is me disease,	Aconsequence of Disease with of	renta
injury or complication which couse			
ANTECEDENT CAUSE	(8) Chronic	c Wephritis S A CONSEQUENCE OF:	5 Years
DISEASES OR CONDITIONS, if	7. 3	S A CONSEQUENCE OF:	
rise to the obove cause (A UNDERLYING CONDITION last.	(C)		
3 9 9 X II			
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTIES.			
19A. DATE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CO	ERFORMED	No No	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, c	onice blag., INJURY OCCUR:	
U	r) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	White At Not Whi	ile 🛅	•
	Work L At Work		1 40 - /4
	ol) ottended the deceased from No		ember 13, 19 68
		19 <u>68</u> and that in (n <b>X</b> ) (our) ap	oinion death accurred an the dot
	oted obave. (X) (We) (did) (N)(X)(X)	view the body after death.	
23A. SIGNATURE			23 B. DATE SIGNED
	Phy	ending Med. Staff Phys.	12/13/68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
NAME (Type) IN Ju	muly	3900 Loch Raven Bo	
RALPH H. TWINING	24C. NAME of CEMETERY OF CR		1d 21218
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)			
Burial 12/17	/68   Baltimpre, Nat	ional Cem. Baltimore, C	O. Maryland

VS 150-REV. 1/1/68

25A. DATE REC'D

Edi

2

Perbert E. Nutter 3035 W. North Ave. ADDRESS



and

				HEALTH DEPARTMEN	NT	6	8-19RR	Q
0	68.	-12889	CERTIFICA	TE OF DEAT	'H R	EG. NO	8-1288	J
BIRTH NO.	00		CLKTITICA					
1, NAME OF DE (Type or Print)				2, DA	TE AND HOUR	OF DEATH		
. , , , , , , , , , , , , , , , , , , ,	William Dew	itt Webb		De	cember 1	4. 1968		N
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where decease	ed lived. If institut	tion: residence before	e odmission
				Maryland	0001111		17/1	1/
FULL NAME OF	ADDRESS OR LOC	AL OR INSTITU	THON, GIVE STREET	C. CITY OR TOWN	•	D. INSIDE	CITY LIMITES	1
INSTITUTION		1				,	S NO	
00	2534 Druid	Hill Ave		Baltimore E. STREET AND NUM	DED	TE.	2 NO L	
		-		2534 Druid				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Indicated birthd	n years If	Under 1 Yr. If Unonths Doys Hours	nder 24 Hrs.
Male	Negro	WIDOWED [	DIVORCED	March 11, 1	872	6		
	CUPATION (Give kind of wor	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote		() 12	CITIZEN OF WHA	COUNTRY
	of working life, even il retired)	BEO RE	ilroad	Vincinia			11 C A	
Chef 13. FATHER'S NA	A A A P	DOO ITO	7-1 VQU	Virginia	NI NI A A A 7		U.S.A.	20
13. FATHER'S NA	AME			14. MOTHER'S MAIDE	NNAME			
Issi	ah Webb			Lucy				
	ed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT			ADDRESS	
No No	(n) (If yes, give wor or dot	es of service)	SECURITY NO.	14 . 0 1	*** * *			
	1		705-07-9590	Mrs. Sarah	Webb	2534 I	Druid Hill	
1B. L.	2,140	190	CAUSE OF DEAT	Н			APPROXIMAT	
DISEA	ASE OR CONDITION D	RECTLY		1 0		11 00 07	-	
	LEADING TO DEATH		(A) IMMEDIATE CAL	ACONSEQUENCE OF D	LEROIIC	- HEBRI	20-25	YRS.
	not mean the mode of e, osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:	ISEASE			/
	omplication which coused							
	ANTECEDENT CAUSES	S	ILLIPER	TEHSION -	NEPHR	0515	40-45	YRS.
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				./
rise lo I	he obove couse (A)		1411 5611	IE TUBERO	0.1001		SOYRS	
UNDERLYIN	NG CONDITION Iost.		(c)//Y/5 //</td <td>5 / VBS/K</td> <td>" 040313 1</td> <td></td> <td>5014</td> <td></td>	5 / VBS/K	" 040313 1		5014	
3-9	/ X II							
O OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	MALNU	TIRIOH -				
	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA		11)13-11-	7//((0/7 -				
U 19A. DATE C	OF OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF	YES, WERE FIND	INGS CONSIDERED	)
19A. DATE O	WAY LEI	KPOKWED			III CER	CHITING CAUSES	or DEATH:	
	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE	DID	(If in Baltimore Cit	ty, give exact tocotio	n)
	BUTING CAUSE OF  fy medical examiner	etc.)	e, form, foctory, street, o	mice bidg., INJURT OCC	U K?			
U	(Month) (Doy) (Year)	(H) 215	INJURY OCCURRED	215 110111 51	D INTUING OCC	-1102		
OF INJURY	(Monin) (Doy) (Teon				ID INJURY OCC	JUK		
(APPROX.)		Wor	le At Not While At Work	• 📗				
22. I certif	y that (1) this hospita	l) ottended th	ne deceased from	-2-38	19	to 12-13	3-68	_19
that (1) (	lost saw the deceos	ed olive en	12-12-68	-			n death occurred	
1 )						7 James Opinion	dealli occorred	on the doi
	nd from the couses sto	oted above, (I	) (We) (did) (did mor) v	riew the body ofter d	eoth.			
23A. SIGNAT	URE /7 1/			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			B. DATE SIGNED	
Fres	4 9, Haus	m M	D. D. DEGREE Phy	ending Med. S. Director	Shaff Phys.	/	12-16-6	8
23C. PHYSIC	IAN'S	7.00		23D. ADDRESS	,			-
NAME	(Type)				con Assa			
-	Louis E. Harm	on	M.D.	2224 Madi	SUN AVE			

24C, NAME of CEMETERY of CREMATORY

Memorial

Arbutus

NAME OF REGISTRATIONAL

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

25A. DATE REC'D BY HEA

24B. DATE

12-18-68

VS 150-REV. 1/1/6B

Park Baltimore County,

256 FUNEFAL PIRECTOR

Herbert Ev Nutter 3035 1

Park

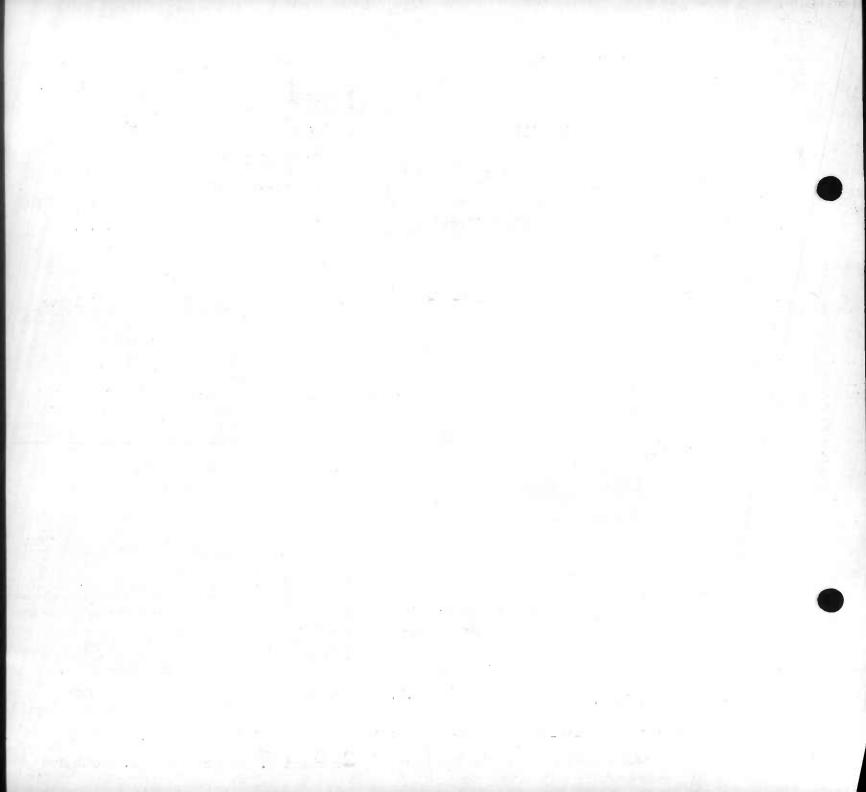
24D. LOCATION

3035 W. North Ave

Maryland ADDRESS

(Stote)

(City, tawn, or county)

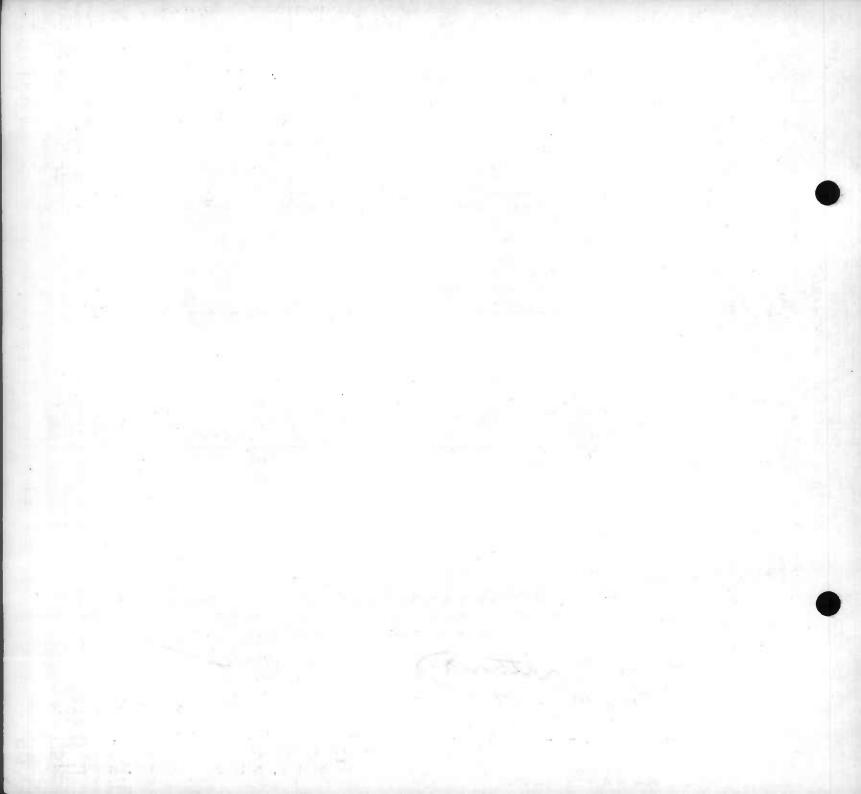




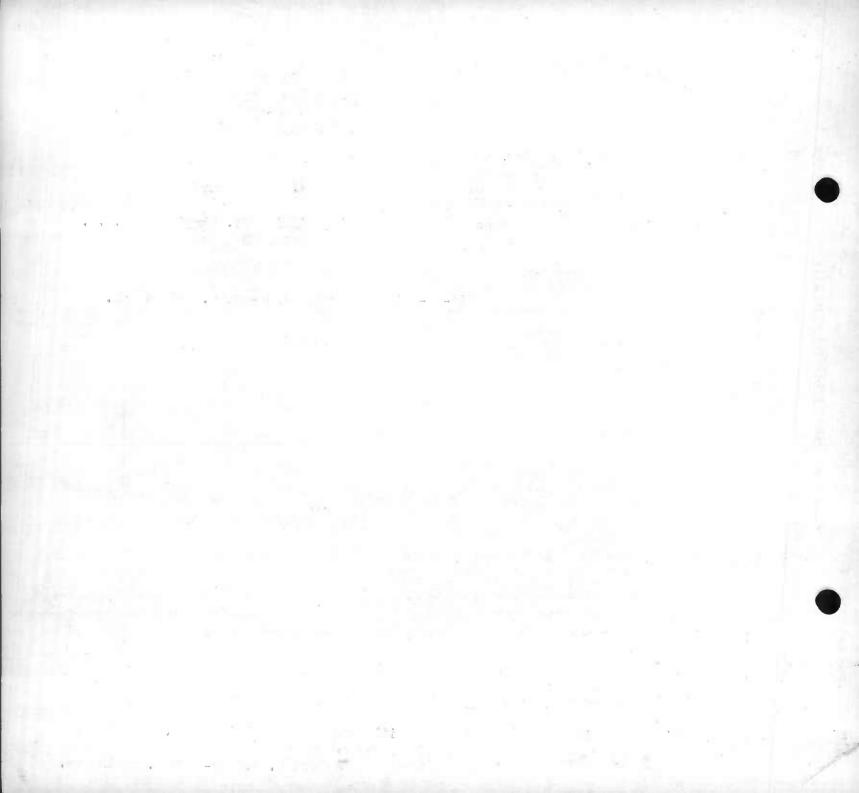
IMPORTANT

4700 6 1000 100 HORREY & WITTER SOUR WARREN

VS 150-REV.



BALTIMORE CITY HEALTH DEPARTMENT



Marvland

661 W. Barre St.

REMOVAL (Specify)

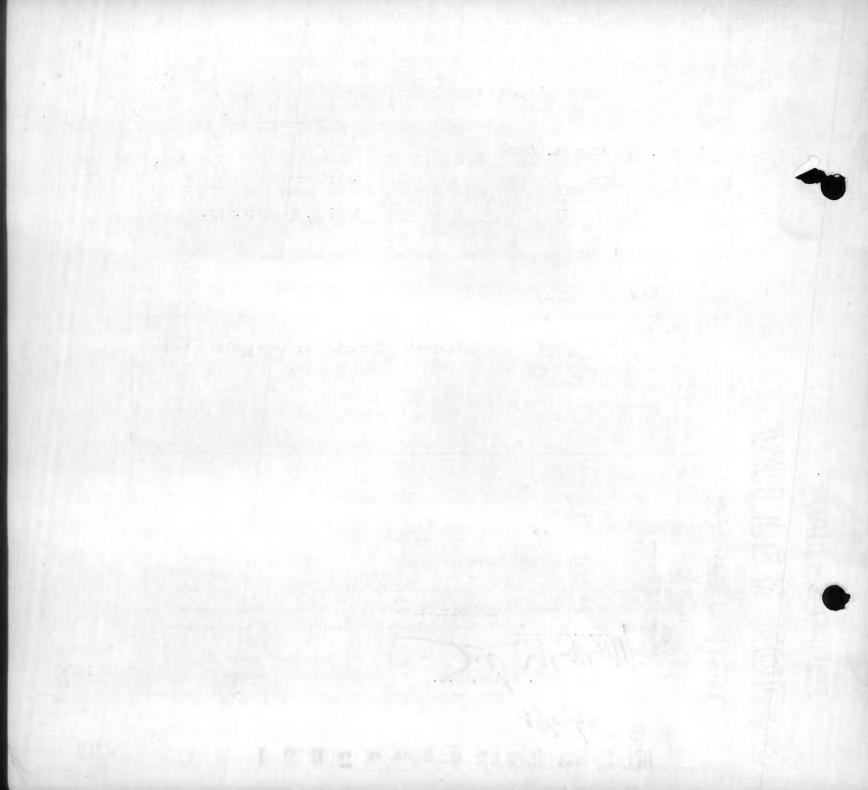
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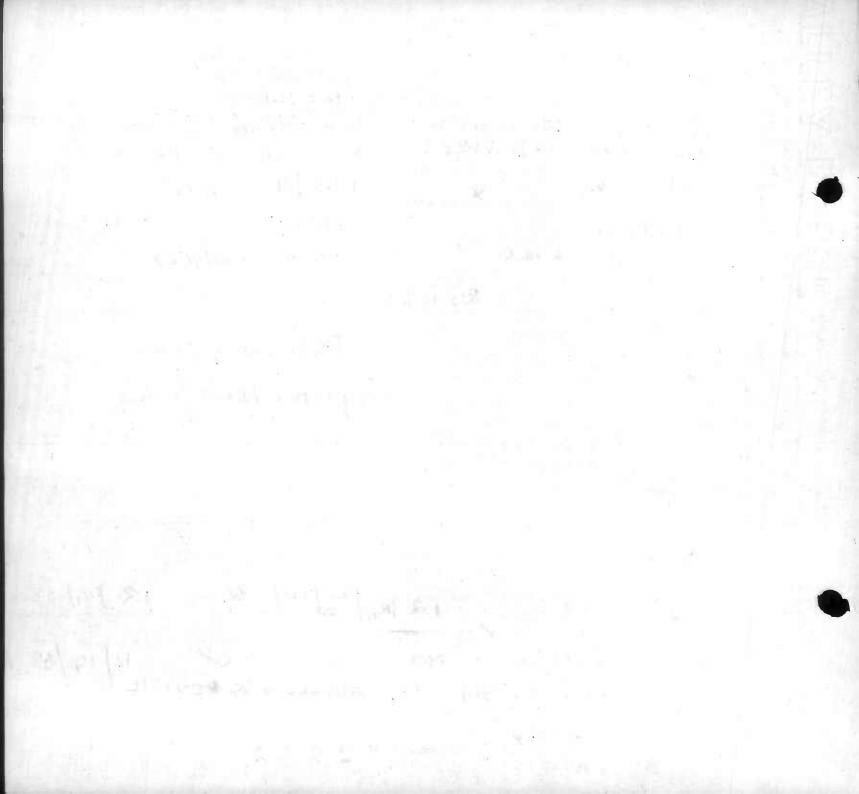
# 68-12895 BALTIMORE CITY HEALTH DEPARTMENT

68-12895

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIR	TH NO.									REG. NO			
	AME OF DECI	EASED					2. DATE	Known 🔲	Manth	Doy	Yeor	Haur	
(тур	e ar Print) WILLIA	M		В.		RENNIE	OF DEATH	Estimated 🛚	Decem	ber 15,	1968	11:00	PM
4. F	LACE IN BALT				RONO	UNCED DEAD	3. DATE	<b>*</b>	Manth	Doy	Yeor	Haur	
HOS	NAME OF	(IF NO	T IN HOSPITA SS OR LOCA	LORINS TION)	TITUTIO	N, GIVE STREET		SIDENCE (Where		er 16, 1		8:10	
DO	1821 N.	Reges	ter St	, (DC	)A)	11111	A. STATE Mar	yland	8	. COUNTY	-1	25	
6. S		7. RACE		8. MARE	_	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	LIMITS	13	M= .
	male	whi	te	WIDOV	VED _	DIVORCED [	Ba1	timore		VES	X	NO 🗌	
9. 0	ATE OF BIRTH		10. AGE (In last birthda			der 1 Yr. If Under 24 Hrs. s Doys Haurs Min.		ND NUMBER  1 N. Rege	ator C				
11.	BIRTHPL ACE (St	ate ar foreig	n cauntry)		l .	TIZEN OF HAT COUNTRY?	13. FATHER		ster 5	L.			
	USUAL OCCUP			14B. KIND	O OF B	USINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
	WAS DECEASE					17. SOCIAL SECURITY NO.	18. INFORM	IANT		ADI	DRESS		
	19.4-12	4				CAUSE OF DEA	TH		12			PROXIMATE IN	
	DISEASE	OR COND	ITION DIRE	CTLY		Artorios	clarati	c Cardiov	72 901112	r Diseas			
	_	EADING TO				(A)IMMEDIATE C	AUSE		a se a ra	I DIOCUL			
	(This daes na heart failure, injury or com	asthenia, etc.	. It means the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	AN	TECEDENT	CAUSES			(B)							
	DISEASES O			, GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:					
z	UNDERLYIN	G CONDITI	ON LAST.			(c)				****			
CERTIFICATION	OTHER SIGNI	TH BUT NOT	RELATED TO	THE TERM	MINAL								
	DISEASE OR					VHICH OPERATION W	AS DEDECTEM	FD			2) AUTO	PSY? (Yes a	r Na)
빙	O DAIL OI	OFERATION	1 200. CO	40111014	I OK V	VIII CIT OF EXAMORY W	AS FERIORIS	LU					,
	22A. EXTERN	IAL CAUCE	14/A.C		lage Di	ACE OF INITION		OC WHERE DID	/if i= D = lit ··· · ·	Cit		No.	
EDICAL	UNDERLYING		TRIB-		home,	LACE OF INJURY(e.g., farm, factary, street, affic	e bldg., etc.)	NJURY OCCUR?	(if in pairimare	City, give exact	r racaria n)		
			ay) (Yea	·) (Hav	r) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?			
	(APPROX.)				m. W		WHILE ORK						
	23. I certi	fy that I h	eld an 1	nquiry [		Inspection X Au	tap sy	and that an t	his basis,	death In my a	pinian		
	result	ed from: N	atural cau	ses 🛚	Ac	cident Suicio	de 🗌 Ho	micide 🗌	Undetermin	ed manner			
		///7	1 111	1	-	+1		HIEF MEDICAL	EXAMINER			DATE SIGN	IED
	ACTUAL SIGNATU	RE /10	TIM	M	1	M.D.	ASSI	STANT MEDICAL	EXAMINER	X			
Н	EXAMINE	R'S	Wernei	U.	Sp/it	z, M.D.		CIATE MEDICAL	XAMINER		3 1 5 7	12/16/6	T N
24/	NAME (T)		4B. DATE/	1	240	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or caunty		7
	MOVAL (Specif		12/12	168				HNS HO	DWING	MED:	CAL	SCH	101
25/	A. DATE REC'D	BY HEALTH		25B. N	VAME (	OF REGISTRAR	25 C. I	UNERAL DIRECT	OR CR	ط کنت ساخه ۱۷ م	DRESS	D GARAC	
	\$	afê 2	3 1968	Re	2.5	2. Farleyn	2 1	MORTUA	RY SI	ERVICE	- B	CHD	





occurred in a hospital and

25A. DATE REC'D BY HEALTH DEPT.

25B, NAME OF REGISTRAR

A-5 3-3 CO 40007 BALTIMORE CIT	TY HEALTH DEPARTMENT REG. NO. 68-12897
68-12897 CERTIFICA	ATE OF DEATH REG. NO. 100-1209
NAME OF DECEASED Type or Print)	2. DATE AND MOUR OF DEATH
ANSTATT , JESSIE.	12 21 68 12 moon
3. PLACE IN BALTIMORE, MARYLAND, WHENE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admissing A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE () 33-00
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BALTIMORE CITY HOSPITALS	E. STREET AND NUMBER
3 / 4940 EASTERN AVE. BALTIMORE, MARYLAND #21224	70.077 0.04 7.77 7.77
BALTIMORE, MARYLAND #21224 6. SEX   6. RACE   7. MARRIED   NEVER MARRIED	BOX 304 RT. 10 BALTIMORE, MD. #21219  18. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 P
FENALE WHITE WIDOWED DIVORCED	tost birthdoy) Monthsi Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	
lone during most of working life, even if retired)	NEWFOUNDLAND USA.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Sarah Forward
JAMES PENNY  5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	4940 EASTERN AVE.
18.410,9   CAUSE OF DEA	BCH: RECORDS BALTIMORE, MARYLAND #21224
DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last,	CUTE MYCCARDIAC INFARCT 8do , S.C.V. DISEASE.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED	[20A. AUTOPSY? (Yes or No.)] 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Ves IN CERTIFYING CAUSES OF DEATH?
U   21 A. ACCIDENT WAS UNDERLYING	, in or about 21 C. WHERE DID (If in Boltimare City, give exact location) office bldg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Wh	
22. I certify that (I) (this hospital) attended the deceased from	12/12 1968 to 12/2/ 196
that (I) (we) last sow the deceased alive an 12 121	19 8 ond that in(my) (our) opinion deoth occurred on the
and hour and from the courses stated above. (1) (Mge) (did) (did not)	view the body ofter deoth.
	thending Med. Shaff Mys. 23B, DATE SIGNED
23C/PHYSI CLAN'S MAMI (Type)	23D. ADDRESS
MARCE COLLED ID	BALTIMORE CITY HSSPITALS #21224
4A. BURIAL CREMATION 24B. DATE 24C NAME of CEMETERY OF C	E 1.91.0 EASTERN AVE. BALTIMORE, MD. REMATORY 24D. LOCATION (City, town, or county) (State
Removal (Specify) 12/23/68 Locust Grove	Cemetery Gloucester, Massachusetts

Robert Ha

l phictor

tenburg Funeral Home Rd.-Balto., Md. 212



Figure 1 Total Kana Prince and Street on the probability of the 1888 The raise and september of 325 . 325 X . = . available migration of Dispression of the appropriate process of the appropriate and LIBERT RESIDENCE TO SET UP TO THE SET OF THE SHALL SHOW of the section of the The state of the s

REG NO

68-12899

IB	IRTH NO.	CERTIFICA	TE OF DEATH		
1	NAME OF DECEASED	4 4 4	2. DATE AN	D HOUR OF DEATH	
10	ype or Print) RADWITCI	4. RUTH .A	12	19.1/68	17/100 4
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO			deceased lived. If ins	titution: residence before admission)
			A. STATE B. COUN	27	
111	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD		
W	иоптитпа и		C. CITY OR TOWN	D. INSIL	DE CITY LIMITS?
7	112/2 1 1/2		E. STREET AND NUMBER		YES NO .
.   '	WINDA MAMORIA	HOSPITAL	1/709 11/A)	THED NI	IE
		1-1	4/0/ WITC	JALA AU	_
5	SEX 6. RACE 7. MARE	NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy) / 2	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0	M WIDON		04/25/00	ost birthdoy 63	
=	DA. USUAL OCCUPATION (Give kind of work 10B, KIN) one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIPTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
2	HOUSEWIFE		WARVIA	ND	ANEXICAN.
d la	- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE DO	4 3
n l	FEADLE & INCLE	D	AGNES K.	FINIV	and the second second
	Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	LNIV	ADDRESS
5   6	es, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.			
	No		Mr. Leroy J. Ra	dwitch	(Same)
	18. / 2 6 1	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 11	DISEASE OR CONDITION DIRECTLY		5 .4	. / ' ^	
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE PNEUMUN	114.	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
E	injury or complication which caused death.)		- 1		
0	ANTECEDENT CAUSES	(B) LA	RDIAL ARRE	557	
0	DISEASES OR CONDITIONS, if ony, gi	9	A CONSEQUENCE OF:		
0	rise to the abave cause (A) stoling UNDERLYING CONDITION lost,	(C)		(==	150
IIIS	4/03 V II	(C)			
rema	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
	TO THE DEATH BUT NOT RELATED TO THE TERMIN				
Lue	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		101	IN CERTIFYING CAU	ISES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 212. WHERE DID	(If in Boltimore	City, give exoct location)
Detore	( DEATH (notify medical examiner)	home, form, foctory, street, of	mice bidg., WIJURY OCCUR?		
	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
gined	OF INJURY	While At Not Whil			
B	(A PPROX.)	Work At Work	10	10 1	/
00	22. I certify that (this haspital) attend	ed the deceased fram	12/18/01	968 ta /2	1968.
0	that (I) ( last saw the deceased alive	on 12/2/	19 6 8 and the	ot in (my) 🗪 apin	ian death accurred an the date
-	and haur and fram the causes stared above	e. (U) De (did) (did of)	iew the bady after death.		
must	23A. SIGNATURE	*			23B. DATE SIGNED
	1111111111			Staff	12/21/62
approva	23C. PHYSICIAN'S	DEGREE Phy	s. Director	Phys.	12/4/00.
0	NAME (Type)	100 111)	MALIANI ALEAM	DiAL HAP	The Take
d	LUIS LINI	ADO MUDEGREE	UNION 14240	ULL GOS	MITHE.
	4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)			CATION (Cit	y, town, or county) (State)
	Burial 12/24/68.	Gardens of Faith	Cometem	Baltimo	Ma Ma
0	purtar   TC\54\00.	gardens or - aron	- CHICOLT A	TOTAL OFFICE.	Le true
2		ME OF REGISTRAR	25c. FUNERAL DIRECTOR		ADDRESS

THEN ALEMORIAL HOTTITAL CYCH WALTHER ATE
HUSEWIFE ARSLER.

BEOREE B. FOSLER.

PARMES KENNY

PNEUMONIA.

CARDIAC ARREST.

Yel

Turk Luundo NO Mion MENORING HOSPITAL

VS 150-REV. 1/1/6B

19-15000	BALTIMORE	CITY	HEALTH	DEPART/	MENT
8-12300	CEDTIEL	CA	TEO	E DE	TL

TIFICATE	OF DEATH	REG. NO	68-12
TIFICATE	OF DEATH	KEG. 140	_

NAME OF DECEASED	D DATE AND HOL	Un Oc Prayll
Type_or Print)	2. DATE AND HOL	45
PATRICIA W CHAVE  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		osed lived. If institution: residence before admission)
A LEAGE IN PALIMONE MAKEARD, WHERE INDIVIDUED DEAD	A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	19-4	20-03
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
BON SECOURS HOSPITAL	E. STREET AND NUMBER	YES NO
20.25 W Fayette St Bolto	309 S Pulaski	ST
SEX 6. RACE 7. MARRIED 1 NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
F WIDOWED DIVORCED		30
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR) one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY
	Md.	U.S.A.
2 FATUERIC MANAP	14. MOTHER'S MAIDEN NAME	0.0.4.
G.	0.	
KOBERT G. CLAIR	BLoom, Edna M	
5. Was Deceased Ever in U. S. Armed Forces?  'es,no or unknown) (If yes, give war or dates of service)	17. INFORMANT	ADDRESS
NO 219-32-8361	R. G. Clair 4624 M	ary Ave. Balto. Md.
1B. CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	hometine i on	ASho miles - BETWEEN ONSET AND DEAT
LEADING TO DEATH	nemanista 2	Rehage Hours
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injury or complication which caused death.)	bosepopeme	Hours
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VS 150-REV. 1/1/6B

7:20 A M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? United States Reideman 17. INFORMANT veterans Hospital Reds ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 Hrs 10 Hrs 1 Year 6 months 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) to December 21. 19 68 and that in(壽) (our) apinian death accurred on the date 23B, DATE SIGNED 12/21/68 Veterans Hospital, Balto., Md. (City, town, or county) Leonard J

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IMPORTANT

DIRECTOR:

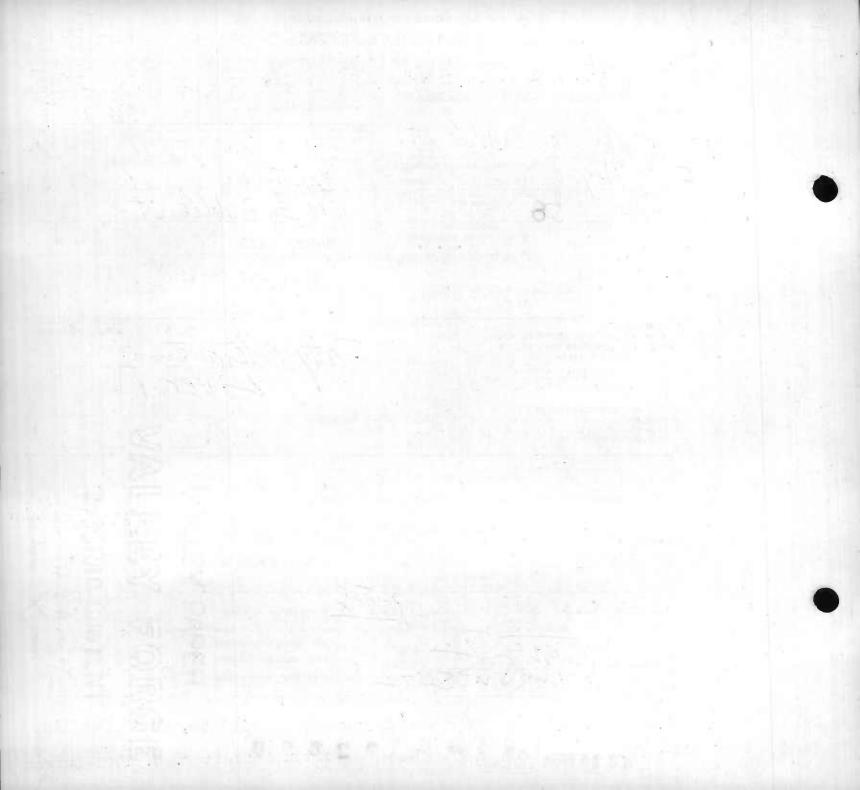
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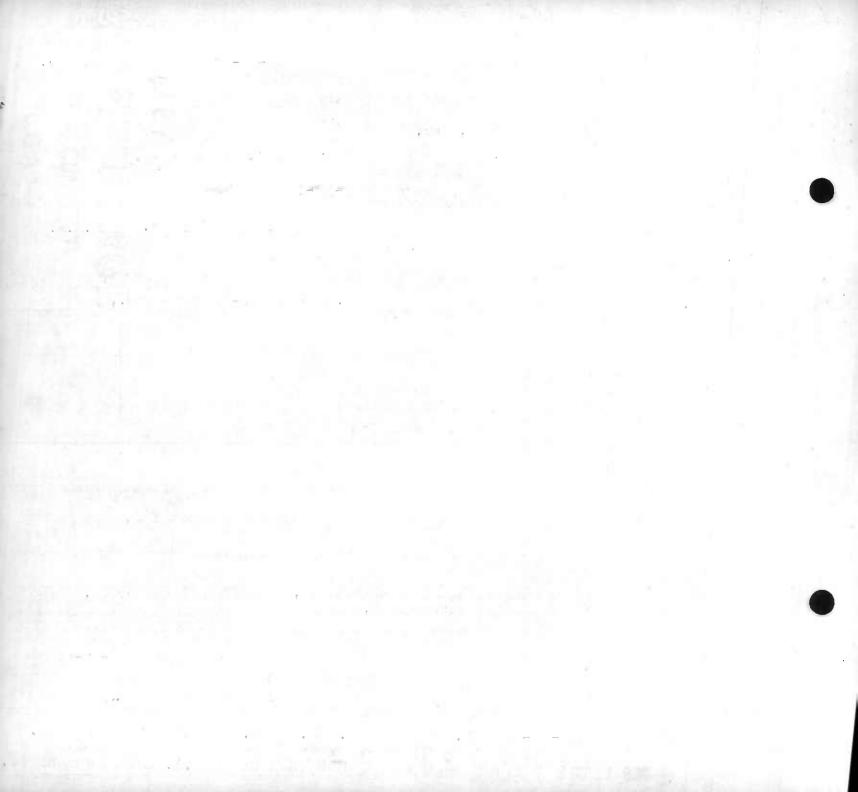
F-425

68-12903 BALTIMORE CITY HEALTH DEPARTMENT

DA DA	LIMORE CITT HE		
MEDICAL EXA	AMINER'S	CERTIFICATE OF DEATH REG. NO. 68-1	2903
1. NAME OF DECEASED 1010 A FAIL	ILVNFD	OF 50 12 17 21 60 1	285
A DI ACE IN BALTIMORE MARVIAND MULEUE PROMOTIO	-CNIICIS	DEATH	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,		PRONOUNCED DEAD	m OS
ITHOSPITAL ADDRESS OR LOCATION)	A I	12 68 1	L PM.
OR INSTITUTION 1301 E. Bidd.	le ST.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence befor A. STATE MASY Pan B. COUNTY	re odmission)
6. SEX 7. RACE 8. MARRIED N	NEVER MARRIED	C. CITY OF TOWN , D. INSIDE CITY LIMITS?	
I Negro WIDOWED	DIVORCED	Hellimore YES \$ NO	
9. DATE OF BIRTH /10. AGE (in years   If Under	1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
3-10-1910   lost bigthd   Months	Doys Hours Min.	1301 & Rodallo St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF	13. FATHER'S NAME	
	SUNTRY?	Henry Bell	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUS			
done during most of working life, even if retired) Domestic Work			
	COCIAL	Margaret Corbin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
		Mrs. Lottie Hicks	
19.57/8	CAUSE OF DEA		IMATE INTERVAL ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Tatte alta to st	
LEADING TO DEATH	(A)IMMEDIATE C	CAUSET Ally allesation of	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		AS A CONSEQUENCE OF:	
injury or complication which coused death.)		i ver I	
ANIVECED ENT CALICEC			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE			
Z UNDERLYING CONDITION LAST.	(c)		
E 581.0 II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
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	CE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exoct vocation)	
UNDERLYING OR CONTRIB-	rm, toctory, street, offic	ce bldg., etc.) INJURY OCCUR?	
	NJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX) WHILE			
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	K L AT W	and that an this basis, death in my apinion de Homicide Undetermined manner	
resulted fram: Natural causes Acci	spection At W	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER	TE SIGNED_
	spection At W	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DA	TE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Returned causes Accidents  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	dent Suicio	and that an this basis, death in my apinion  de	68
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. N	spection Suicio	and that an this basis, death in my apinion  de	TE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	dent Suicid	and that an this basis, death in my apinion  de Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  DA  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  Tar CREMATORY  24D. LOCATION (City, town, or county)	(Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial  25A. DATE REC'D BY HEALTH DEPT. , 25B., NAME, OF	dent Suicid	and that an this basis, death in my apinion  de Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  DA  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  TO CREMATORY  24D. LOCATION (City, town, or county)  Cemetery  Linilon, North Can	(Stote)
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ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24B. DATE 24C. N	dent Suicid	and that an this basis, death in my apinion  de Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  TO CREMATORY  24D. LOCATION (City, town, or county)  Cemetery  Linilon, North Car	(Stole)



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	00	1000	BALTIMORE CITY	HEALTH DEPARTME	NT	
	66	5-1250	5 CERTIFICA	TE OF DEAT	TH REG. NO.	68-12905
BIRTH NO.	( C22 A 2 2				TE AND HOUR, OF DEA	TU
(Type) or Print)	Rosie Web	,6			12/19/68	8 10 PM
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUP	ICED DEAD		E (Where deceased lived. I COUNTY A	If institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	ION, GIVE STREET	C. CITY OR TOWN	DA 110	NSIDE CITY LIMITS?
38	UNIU Mos	pital		BAlto		YES NO
2) 0				3906 Gel	stor Duil	/
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA USUAL OCC	CUPATION (Give kind of world	WIDOWED	DIVORCED DISTRA	11. BIRTHPLACE te	6 O	12, CITIZEN OF WHAT COUNTRY
	f working life, even if retired)	I I I	SOSINESS OF INDUSTRI	al )	l or toreign count	I) C n
House		Ho	KL	Chatman.	N L C	0.5.14.
	Ata			Emm	= Blue	
	nd Ever in U. S. Armed For		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N6.				Mr. George	C. Webb	3906 Gelston D
DISEASES rise to t UN DERLYIN  OTHER SIGN TO THE DEA DISEASE OR	nat mean the mode of of, osthenio, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) NG CONDITION last.  X	any, giving stating the	(B) Apteure (B) Due to, or as (C) Diple	a constante of:  Lente He A consequence of:  Melli  i Report	Int Diserce	
H 2	WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF fy medical examiner	218, P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21C. WHERE ffice bldg., INJURY OCC	DID (If in Bolti	imore City, give exact location)
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	e) last saw the decease nd from the causes sta		(We) (did not)			Spinian death occurred an the dot
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NAME	(Type)			V	MU Hospita	·/
24A. BURIAL CE REMOVAL		6.8 Arb	y tus Hem.	Lok	Baltimore	(City, town, or county) (State)
	D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIS	10	ADDRESS

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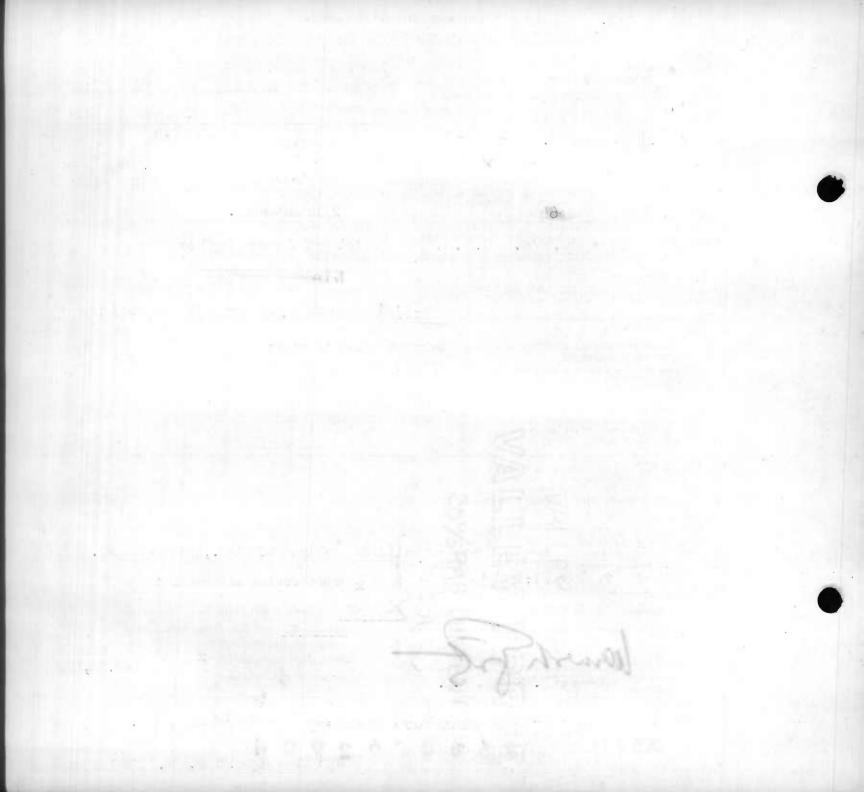




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	NAME OF D pe ar Print)	Eceased Edward	<b>Faylor</b>			2. DATE OF DEATH	Known Estimote		onth Doy	Yea 1968	1:20	AM M.
4.	PLACE IN B.	ALTIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		^a Mo	onth Day	Yeo		
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	TITUTION, GIVE STREET		INCED DEA	1.	2 22 eased lived. If instit	1968	5:30	147
	0	2334 Eu	taw Pl				arylar		B. COUN		- 0	3
6.	SEX	7. RACE		8. MARR	IED 🛮 NEVER MARRIED 🗌	C. CITY OR	TOWN		D. INSID	E CITY LIMIT	5?	
	M	C		WIDOW	/ED DIVORCED	F	Baltimo	ore		YES 🔀	NO 🗆	
9.	DATE OF BIE	TH	10. AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs. Manths   Days   Hours   Min.	E. STREET A	ND NUME	BER				
A	ug 7,	1904	6	L	Mainis Days   110013   Min.	2	2334 Et	ataw P	1.			
		(State or foreig	n country)		12. CITIZEN OF	13. FATHER	SNAME					
P	rince	George	Cv.	Va.	WHAT COUNTRY?	Rob	ert J	ames	Taylor			
144	USUAL OCC	UPATION (Give	e kind of work		OF BUSINESS OR INDUSTRY							
don	teelw	f working life, ev	en it retired)			N	la .					
16.	WAS DECEA	SED EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL	18. INFORM		in a series,		ADDRESS		
(Ye	s, na or unknov	(If yes, give v	var or dates	of service	213-09-34	7 Poh	0000	Most	on 4010	Domhr	on h in	
-	19.	1-14 1/			CAUSE OF DEA		ecca	Tayro	31. 4910	rempt	APPROXIMATE	INTERVAL
	E 91	S X I								В	ETWEEN ONSET	AND DEATH
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	(This does	not mean the		ing e.g	(A)IMMEDIATE C	AUSE AS A CONSEQ	UENICE OF					
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	RISE TO T	HE ABOVE CA	ONS, IF ANY USE (A) STAT	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF	-:				
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2	20A. DATE	OF OPERATION	V 208. CON	NOITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AU	TOPSY? (Yes	or Na)
Ö	2.										Yes	
K	22A. EXT	ERNAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	in or about 2	2C. WHERE	DID (If in	Boltimore City, giv	e exoct locotio	n)	-
EDIC	UNDERLYIN	IG図OR CON			home, farm, factory, street, office hallway of buil	e bidg., etc.) ii	NJURY OC	cur?	ldg.,2331	Entaw	P1. /	3.03
Z	0.00	(Manth) (D	ay) (Year		22E.INJURY OCCURRED		2F. HOW D			, Davan	1.59	
	OF INJURY (APPROX.)	72 22	4 4			WHILE S	shot di	nring	altercati	on		
	23.				m. WORK AT W	VORK X		w 2005	<u>az 001 0a 03</u>			-
П		ertify that I h	eld on l	nauiry [	Inspection Au	tonsy X	ond the	t on this l	basis, death in	my opinio	,	
							omicide X	7	etermined mani			
١.	res	ulted from: N	oturoi cou	ses	Accident Suicio		CHIEF MED		Land	ner 🗀		
	ACTU	AL INO	1.0/	1	7-1-				F 800		DATE SIG	
	SIGN		MY	n.	M.E	).	STANT MED			De	c. 22,19	968
		INER'S W	erner	U. Sp	itz, M.D.	ASSC	CIATE MED	ICAL EXAM	AINER 🔲			
24	A. BURIAL CE	(Type)	48. DATE		24C. NAME of CEMETERY	or CREMATO	ORY	24D 10C	ATION (City,	tawn, ar cau	ntv) (s	tate)
	MOVAL (Sn Buria		12-26	5 60	Library Co.						(3	,
	Dur.rg.	1.			Blankford				ersburg			
25	A. DATE REG	STATE THI	PEC /	25B. N	AME OF REGISTRAR	25C.	FUNERAL D	RECTOR		ADDRESS		

VS 151-REV. 1/1/68

Morton & Dyett F. H. 1701 Laurens



BIRTH NO.	MED	ICAL	EXAMINER'S C	CERTIFIC	CATE OF	DEATI	H REG. NO		68-	-129
1. NAME OF DECEASE	D		,	2. DATE	Known K	Month	Doy	Yeor	Hour	
(Type or Print) ROBERT	,	Л	TAYLOR	OF DEATH	Estimoted	Decen	mber 20,	1968	7:10	P.M
4. PLACE IN BALTIMO		HERE PR		3. DATE		* Month	Doy	Yeor	Hour	141.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA	LOR INST	ITUTION, GIVE STREET	PRONOU	NCED DEAD	Decembe	er 20, 1	.968	7:10	P.M
SE BALLET	CATE Julberry S	AN	TENDED,	5. USUAL RE A. STATE Mary	SIDENCE (Where	e deceosed liv				
	ACE	-	ED NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE CIT	Y LIMITS?		
male	negro	WIDOW	ED DIVORCED	Balt	imore		YE	s X	NO 🗆	
9. DATE OF BIRTH	10. AGE (la		If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.	E. STREET A	ND NUMBER				Juli 103	
12-9-1900	68	'		540	W. Mulbe	rky St.				
11. BIRTHPLACE (State of			12. CITIZEN OF	13. FATHER'S	NAME					
Mason Ct	y, Kentu	cky	U.S.A.	Wi	lliam A	Tav	lor			
14A.USUAL OCCUPATION done during most of working		14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME				
Some doring most of working	g me, even memecy			Cla	ra Tayl	or				
16. WAS DECEASED EN	VER IN U.S. ARMED	FORCES	? 17. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS		
(100,1100101111111111111111111111111111	s, give wor or doles	or service,	213-09-8492	Mr	s. Maxi	ne Cui	rrv 3/1	en re	ton_/	1770
19. 4/2,4	4		CAUSE OF DEA				9 97	AP	PROXIMATE IN	TERVAL ND DEATH
DISEASE OR	CONDITION DIRE	CTLY	A	1	ic Cardio		ar Dicas			
	ING TO DEATH		(A)IMMEDIATE C		ic cardio	vascui	ar Drace	.50		
	on the mode of dy			AS A CONSEQU	JENCE OF:					
	tion which coused de							200		
ANTEC	EDENT CAUSES		(R)							
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UNDERLYING C	OVE CAUSE (A) STA	IING INE	(c)							
0 // 2 2 /	- 11		(0)							
OTHER SIGNIFICA	II ANT CONDITIONS C									
DISEASE OR CON	BUT NOT RELATED TO IDITION GIVEN IN P.		NAL							
OTHER SIGNIFICATION THE DEATH EDISEASE OR CON	RATION 20B. COI	NOITION	FOR WHICH OPERATION WA	AS PERFORMI	D			21. AUTO	PSY? (Yes o	r No)
									No	
	CAUSE WAS	1	228. PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID	(If in Boltimor	e City, give exo	ct location)		
UNDERLYING O			home, form, foctory, street, office	e blag., etc.) IIV	BORY OCCOR?					
		Hour	) 22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCU	JR?			
(APPROX.)				WHILE ORK						
23.										
1 certify t	hot I held on I	nquiry L	Inspection X Au	topsy	ond that an t	his basis,	deoth in my	opinion		
resulted f	ram: Natural cau	ses X	Accident Suicid	fe Ho	micide	Undetermin	ned manner			
	111111	10	1		HIEF MEDICAL	EXAMINER			DATE SIGN	UED
ACTUAL SIGNATURE_	IIIVYW	n	YPY, M.D	ASSIS	TANT MEDICAL	EXAMINER	K			
EXAMINER'S NAME (Type)	Werner	U. Sp	#tz, M.g.		CIATE MEDICAL	EXAMINER			12/21/	68
24A. BURIAL CREMATIC	ON, 248. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stot	e)
REMOVAL (Specify) Burial	12-26-	-68	Baltimore N	Vations	al Re	altimo	ore, Ma	ים [זיינ	n 8	
25A. DATE REC'D BY H			AME OF REGISTRAR		UNERAL DIRECT	OR		DDRESS	ilu	
			2.15 8. Jallar							
	2.3 196	W US	Chose a' and Ch	-	Ptop &	Juyeti	F. H.	170	l Lau	rens

4/5/73 - Marriage record. Robert M. Taylor and Florence H. Beall. D.M. 7/16/1965. Baltimore, Md. Lic. No. 14412. Rev. Richard Kidd, Pastor of The Ivory Temple Baptist Church.

Afficavit from Mrs. Agnes Smith, 540 W. Mulberry St. stating that Robert Taylor lived at 540 W. Mulberry Street, 10 years. He also was married at same address on 7/16/1965.

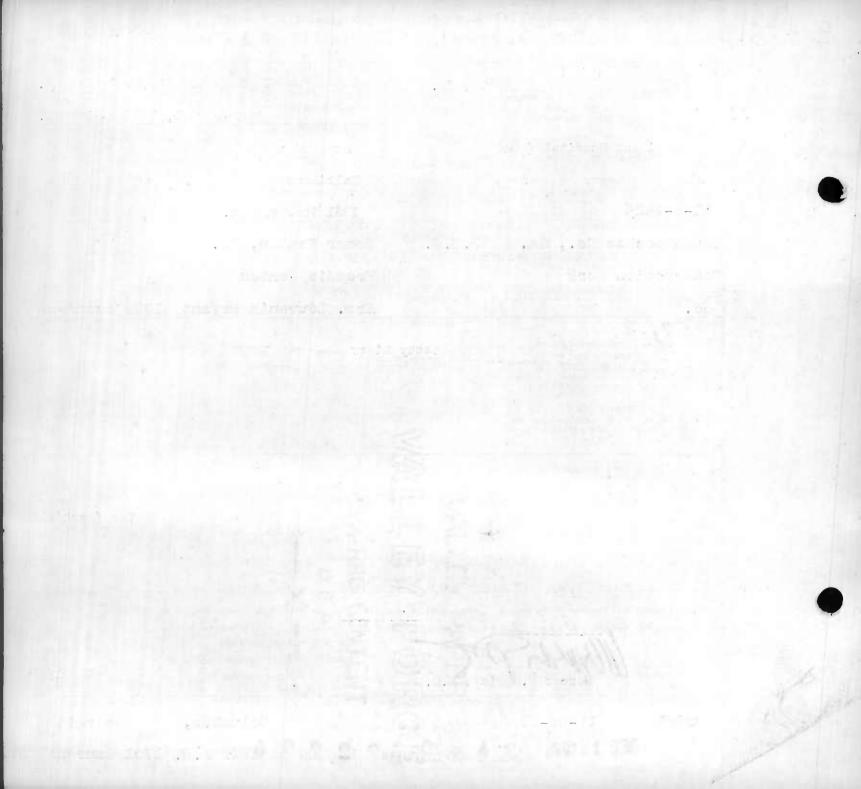
B-535

68-12910 BALTIMORE CITY HEALTH DEPARTMENT

68-12910

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OSPITAL ADDRESS OR LOCATION)  RINSTITUTION  Provident Hospital (DOA)  December 21, 1966 1:20 A.M  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Maryland  Maryland	BIRTH NO.							REG. NO			_
HOMER HOMER HACTEN BAITMORE, MARYLAND, WHEEE PRONOUNCED DEAD HACTEN BAITMORE Provident Hospital (DOA)  SEX    Provident Hospital (DOA)   Provident Hospital (DOA)   SEX   Provident Hospital (DOA)   Sex Hospita		EASED				Known 🗌	Month	Day	Year	Haur	
PLACE IN SATINORE, MARTIAND, WHERE PRONOUNCED DEAD   Name   Dov   Trans   Invert   Serial   Name	HOME'R		В	ENTON TR		Estimoted 💢	Decembe	er 21.	1968	1:00 A	
DECEMBER 21, 1968 1:20 A.,  Provident Hospital (DA)  Brance   S. MARRIED   NEVER MARRIED   S. USUAL RESIDENCE (Where deceased lived. Il institution: residence bedinsiston)  A SALTAY, and B. COUNTY   S. USUAL RESIDENCE (Where deceased lived. Il institution: residence bedinsiston)  A SALTAY, and B. COUNTY   S. USUAL RESIDENCE (Where deceased lived. Il institution: residence bedinsiston)  A SALTAY, and B. COUNTY   S. CHY OR TOWN  Baltimore   Wis COUNTY   S. CHY OR TOWN  Baltimore   Wes		IMORE, MARY									171.
ADDRESS OR LOCATION    Provident Hospital (DOA)   SEX	ULL NAME OF	(IF NOT IN	HOSPITAL OR INS		PRONOU	NCED DEAD				1 00 4	
Provident Hospital (DOA)  SEX    RACE   Maryland   SEX   Marked   NEVER MARRIED   NEVER MARRIED   DIVORCED   D	OSPITAL	ÀDDRESS	OR LOCATION)		S HIGHER BEG		The second secon				
SEX   7. RACE   8. MARRIED   NEVER MARRIED   DIVORCED	JK III SIII OII OII					IDENCE (Where			esidence bet	are admission	1)
SEX   7.8 ACE   8. MARRIED   NEVER MARRIED   C. CITY OR TOWN   D. INSIDE CITY LIMITS?  Baltimore   DIACE OF BIRTH   10.AGE (in years   10.4 Dec years   10.4 De	Provid	lent Hos	pital (DO	A)		1and	Б. С	JOINT	5 -	01	
DATE OF BIRTH  11-6-1925  DATE OF BIRTH  11-6-1925  BATE OF BIRTH  11-							D.	INSIDE CITY	LIMITS?		
DATE OF BIRTH    10.AGE (in years)   43	male	negro			. []	imore		VEC	図 N/		
1361 Stockton St.		1 10	AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AN			163	(F) 140	,	
BRITHERACE (Stoll or foreign country)  Nation of the Country of th	11-6-19	25		Manths Days Haurs Min.		Stockton	St.				
AUSUAL OCCUPATION (Give bind of weelf lab. KIND OF BUSINESS OR INDUSTRY)  AUSUAL OCCUPATION (Give bind of weelf lab. KIND OF BUSINESS OR INDUSTRY)  The day of the property of				12 CITIZEN OF			. 50.				
A USUAL OCCUPATION (Give kind of world   18. KIND OF BUSINESS OR INDUSTRY   15. MOTHER'S MAIDEN NAME mediating most by viging life, eyes in referred    ON TRUCTION WORK   17. SOCIAL SECURITY NO.   18. INFORMANT   10. APPROXIMATE INTERVAL SECURITY NO.   18. INFORMANT   10. APPROXIMATE INTERVAL SECURITY NO.   19. APPROXIMATE I							Class				
The during mosted way fing life, geven if retired)  NOTITUE CHON WOOTE  WAS DECEASED EVER IN U.S. ARMED FORCES? to nor unknown (if yee, give wor or dotes of service)  NOTITUE CHON WAS DECEASED EVER IN U.S. ARMED FORCES? to nor unknown (if yee, give wor or dotes of service)  NOTITUE CHON WAS DECEASED EVER IN U.S. ARMED FORCES? to nor unknown (if yee, give nor unknown)  NOTITUE CHON WAS DECEASED EVER IN U.S. ARMED FORCES? to nor unknown (if yee, give nor unknown)  AND EVER AND COLOR OF THE SECURITY NO.  PART LOUVENIA BRY 1 1009  Beaumont  CAUSE OF DEATH  Fatty Liver  (A)MMEDIATE CAUSE  FACTY Liver  (A)MMEDIATE CAUSE  OUE TO, OR AS A CONSEQUENCE OF:  OUE											
WAS DECASED EVER IN U.S. ARMED FORCES? 25, no arounnown(II) yes, give war or doles of service) No.  19.  19.  10. SECURITY NO.  10. III. INFORMANT  MTS. LOUVENIA BRYANT  10. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart follow, eathering etc.) in mean the disease, indury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C).  20.  21. AUTOPSY? (Yes or No.)  22. EXTERNAL CAUSE WAS  UNDERLYING CONDITION OF RELATED TO THE TERMINAL  DISEASE OR CONDITION OF RELATED TO THE TERMINAL  DIVING CAUSE OF DEATH  22. EXTERNAL CAUSE WAS  UNDERLYING CONDITION OF RELATED TO THE TERMINAL  DIVING CAUSE OF DEATH  10. WHILE AT NOT WHILE AT N	one during most of we	orking life, even i	if retired)	D OF BUSINESS OK INDUS IN							
SECURITY NO.  SECURITY NO.  SECURITY NO.  Mrs. Louvenia Bryant 1009 Beaumont  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, outhering, etc. it means the disease, imply or complication which caused down).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE REMINIAL DISEASE OR CONDITION LOST.  CONDERVING CONDITION LOST.  COND	ontruct:	ion Wor	k		Fredd	ie Bent	on				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., least follow, extended death, lea	. WAS DECEASE	D EVER IN U.S	ARMED FORCE	S? 17. SOCIAL	18. INFORMA	ANT		ADD	RESS		
CAUSE OF DEATH		(It yes, give war	or dates at service	e) SECURITY NO.	Mrg.	Louveni	a Brvan	t. 10	09 Be	aimon	t.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., theory follow, callening, etc., theory follow, called death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION LAST.  ANTECEDENT CAUSES  DISEASES OR CONDITION LAST.  (6)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (7)  OTHER SIGNIFICANT CONDISIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION LAST.  (8)  DUE TO, OR AS A CONSEQUENCE OF:  (8)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  30. DATE OF OPERATION [20. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)  Yes (partial)  224. EXTERNAL CAUSE WAS LOOK TRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  225. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Bollimore City, give exact localian)  Ves (partial)  UNDERLYING CORONING TO THE MORE CONTRIBUTION TO THE COURSE OF THE CONTRIBUTION COLOR TO THE C		0		CALISE OF DEA		DO COLLE	a Di jai	.0 10			_
TRAILY   T	5/1.	8 1		CAUSE OF BEA					BETWEEN	N ONSET AND	DEATH
(This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  3	DISEASE	OR CONDITIO	ON DIRECTLY	Fatty	Liver						
(Inis does not mean the mode of dying, e.g., heart fallow, eathering ett. im means the disease, injury or complication which caused death.)  ANTECEDENT CAUSE: DISEASES OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDISION'S CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE DEATH.  22D. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION O				(A)IMMEDIATE	CAUSE						
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYTING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF VEN THE ART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Ves or No.)  Yes (partial)  22A. EXTERNAL CAUSE WAS  UNDERLYTING OR CONTRIB.  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 100 MINUTAL CONTRIB.  DITING CAUSE OF DEATH.  22C. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED (INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NORK  AT WORK AT NORK  AT WORK AT NORK  ASSISTANT MEDICAL EXAMINER ASSISTA	(This daes no	at mean the mo	de of dying, e.g.,	DUE TO, OR	AS A CONSEQU	ENCE OF:					
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DUE TO, OR AS A CONSEQUENCE OF:    DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF.   DUE T											
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).  22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).  22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  ACTUAL SIGNIFICAN (Approx.)  ACTUAL SIGNIFICAN (Approx.)  ACTUAL SIGNATURE ACTUAL SIGNATU				(B)							
UNDERLYING CONDITION LAST.  (c)    Online Significant Conditions Contributing to the terminal disease or Condition Given in Part 1 (A).    20A. Date of Operation   20B. Condition for Which Operation was performed   21. Autopsy? (Ves or No)	DISEASES O	RCONDITION	IS, IF ANY, GIVING		AS A CONSEQU	JENCE OF:					
CC	UNDERLYIN	G CONDITION	LAST.								
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH   22E. INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   22F. HOW D				(C)							
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH   22E. INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   22F. HOW D	381.0										
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH   22E. INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   22F. HOW D	OTHER SIGNI	TH BUT NOT RE	LATED TO THE TERM	AINAL							
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH   22E. INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   22F. HOW D	20A. DATE OF				AS PERFORME	D		I	21. AUTOPS	Y2 (Yes or N	(a)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH   22E. INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   22F. HOW D	3 1		,7		TO TENT ON ME						
UNIDERLYING OR CONTRIBUTION OF INJURY  AUTHOR CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK ON AT WORK  1 certify that I held an Inquiry Inspection P.Autapsy and that on this basis, death in my opinion resulted from Natural causes Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER  12/21/68  NAME (Type)  4A. BURIAL CREMATION, 24B. DATE EMOVAL (Specify)  Burial . 11-28-68  NAME OF REGISTRAR  25C. FUNERAL DIRECTOR ADDRESS  DATE SIGNED  (City, tawn, or caunty) (State)  COlumbus, Georgia	1		7						Yes (	partia	T)
220. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  I certify that I held an Inquiry Inspection P.Autapsy and that on this basis, death in my opinion resulted from Natural causes Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 12/21/68  AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or caunty) (State)  Burial . 11-28-68 Ap-4 houchee Co. Len Columbus, Georgia  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	22A. EXTERN			22B. PLACE OF INJURY (e.g. hame, farm, factory, street, affi	, in or obaut 22: ce bldg., etc.) IN.	C. WHERE DID (	If in Baltimare CI	ly, give exact	location)		
220. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  I certify that I held an Inquiry Inspection P.Autapsy and that on this basis, death in my opinion resulted from Natural causes Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 12/21/68  AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or caunty) (State)  Burial . 11-28-68 Ap-4 houchee Co. Len Columbus, Georgia  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	UTING CAL										
Capprox.)   m.   Work   Not white   Not work   Not wo	22D. TIME (/	Manth) (Day)	Yeor) (Hau	17) 22E.INJURY OCCURRED	22	HOW DID IN	URY OCCUR?				
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CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12/21/68  AL BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  Burial 1 -28-68 Application Columbus, Georgia  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					utapsy X	and that on th	is basis, dea	th in my of	pinion		
ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER IN 12/21/68  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  Burial . 11-28-68 Chee Co, Cem Columbus, Georgia  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	resulte	ed from Noti	ural causes 🛚	Accident Suici	de Hon	nicide l	Indetermined	monner			
ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER \( \text{X} \)  ASSISTANT MEDICAL EXAMINER \( \text{X} \)  ASSISTANT MEDICAL EXAMINER \( \text{X} \)  12/21/68  COLUMBUS, Georgia  SA. DATE SIGNED  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68		/			CI	HIEF MEDICAL E	XAMINER T				
SIGNATURE  EXAMINER'S  NAME (Type)  Werner U. Spitz, M.D.  ASSOCIATE MEDICAL EXAMINER  12/21/68  14A. BURIAL CREMATION, M.D.  SAL BURIAL CREMATION, M.D.  SAL DATE  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68  12/21/68	ACTUAL	////	All In	VVII -			GET 1		D.	ATE SIGNED	)
NAME (Type)  AA. BURIAL CREMATION, 24B. DATE  EMOVAL (Specify)  Burial . 11-28-68  Chafqhouchee Co, Cem, Columbus, Georgia  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, tawn, or caunty) (State)  Columbus, Georgia  25C. FUNERAL DIRECTOR ADDRESS	SIGNATU	RE ///	VYV	M.I	D. ASSIST	ANI MEDICAL E	XAMIINEK [A]				
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  Burial . 11-28-68 Chee Co, Cem Columbus, Georgia  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			erner II.	Spitz M.D.	ASSOC	CIATE MEDICAL E	XAMINER			12/21/	68
Burial 11-28-68 Chafqhouchee Co, Cem, Columbus, Georgia  SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS		ype)									
Burial   11-28-68   Chafahouchee Co, Cem   Columbus, Georgia  5A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS			DATE	24C. NAME of CEMETERY	or CREMATOR	Y 24D. I	OCATION	(City, tawn, o	or county)	(State)	
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		77	1-28-68	1/10/11/11	1 1	0	Olimbia		Can	maio	
				MATGhoochee						LAIR	
MORTON & DYETT F.H. 1701 Laurens	5A. DATE REC'D I	BY HEALTH DE	25B. 1	NAME OF REGISTRAR							
		SET TO	1999	la & Entalling	MOR	TON & D	YETT F.	H. 17	01 Ls	urens	
			- 40								



0100 1/25. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) HANTONO GUELL HOUSE tf Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Mrs. Frances Morrow, 4802 Anntana Ave. #06 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19 (2) and that in(my) (our) opinion deoth occurred an the dote

VS 150-REV. 1/1/6B

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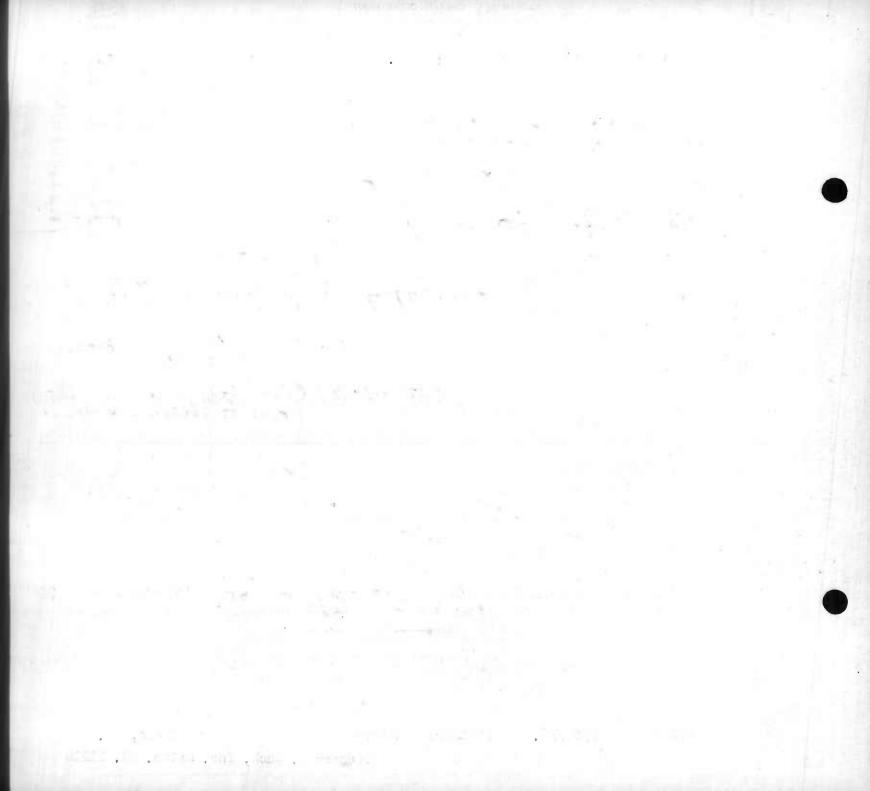
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dings of the car the same

VS 150-REV. 1/1/68



Such

RTH NO.	IFICATE OF DEATH REG. NO.
NAME OF DECRASED	
pe or Print) MILLER, MISS EMMA	2. DATE AND HOUR OF DEATH 12-20-68 5:15am
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST OSPITAL OR ADDRESS OR LOCATION)	TREET  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY  Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
Keswick Home 700 West 40 Street	Baltimore YES NO DE. STREET AND NUMBER 700 West 40th St
SEX   6. RACE   7. MARRIED   NEVER MAR   WIDOWED   DIVOI	RRIED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hr. Months Doys Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR ne during most of working life, even if retired)  Saleslady	Baltimore, Maryland  USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob J. Miller	Catharime Stein
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
no (If yes, give wor or dotes of service) security 216-03-	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)	TO, OR AS A CONSEQUENCE OF:  TO, OR AS A CONSEQUENCE OF:  TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT WAS PERFORMED	TION   20 A. AUTOPSY? (Yes or No)   20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
[21A. ACCIDENT WAS UNDERLYING]   21B. PLACE OF INJ	IURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), street, office bldg.,
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCU	URRED 21F. HOW DID INJURY OCCUR?  Not While At Work
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive an	19 and that ir(my) (aur) apinian deoth accurred on the do
and hour and fram the causes stated above. (H (We) taid)	did not) view the body after death.    238, DATE SIGNED
23A. SIGNATURE	Attending Med. Staff Phys. Director Phys. 12-28-8

Baltimore,

Ruck Inc. Baltimore, Maryland

He onard

VS 150-REV. 1/1/6B

Burial

12/23/68 DEPT. |258

DEC 23 1968

Baltimore

REGISTRAR

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258. NAME OF

THE REPORT OF

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(State)

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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ALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	ILCO_	CERTIFICA	TE OF DEA	TH	KEG. 140		
1. NAME OF DECEASED (Type or Print) DOROTHY ELIZ.	ABETH	CARROLL	December 19, 1968				
3. PLACE IN BALTIMORE MARYLAND, W			4. USUAL RESIDEN	CE (Where	deceosed lived. If i	institution: residence before	A M.
			Califor	B. COUNT	500	E1-04-	
HOSPITAL OR ADDRESS OR LOCA	TION)	ITUTION, GIVE STREET	C. CITY OR TOWN	пта	D IN	SIDE CITY LIMITS?	
INSTITUTION	7	TT D O A	Santa M	onica		YES NO	1
S. Baltimore Gen	eral	Hosp- D.O.A.	E. STREET AND NU				
2/44			810 Wash	ingto	on Ave.		
S. SEX 6. RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years st birthdoy)	If Under 1 Yr. If Un Months Doys Hours	der 24 Hrs. Min.
Female White  10A. USUAL OCCUPATION (Give kind of work	WIDOWE		Sept. 14,	1908	60		COLLNITAVA
done during most of working life, even if retired)				re or toreigi	n country)	12. CITIZEN OF WHAT	COUNTRY
Retired Clerical	IBM		Maryland			U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAM	E		
William A Green			Bessie	Watsor	1		
15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give wor or dote:	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	n 1	llon w	ADDRESS	
No				Benter	4407 Nort		
18.410,9		CAUSE OF DEATH				APPROXIMATE BETWEEN ONSET	
DISEASE OR CONDITION DIR	ECTLY		But	Ma	noulin	2	
(This does not mean the mode of		(A) IMMEDIATE CAU	A CONSEQUENCE OF	1	in the		
heort foilure, asthenio, etc. It meons injury or complication which caused		е,		2			
ANTECEDENT CAUSES		(B) Orte	no shim	line /s	fort de	ilean	
DISEASES OR CONDITIONS, if	,	g DUE TO, OR AS	A CONSEQUENCE O	F:			
rise la lhe abave couse (A) UNDERLYING CONDITION last.	stating tr	(C)					
_ 420.1 II							
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION GIVEN IN PART	1 (A).		20A. AUTOPSY? ()	(es or No)	20B. IF YES, WERE	FINDINGS CONSIDERED	
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO WAS PERF					IN CERTIFYING CA	AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF	2	B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHER	E DID	(If in Baltimo	are City, give exoct lacotian)	
DEATH (notify medical examiner)		tc.)					
OF INJURY (Month) (Doy) (Yeor)		E. INJURY OCCURRED		DID INJU	RY OCCUR?		
(APPROX.)		Vhile At Not While Vork At Work	е				
22. I certify that (I) (this haspital	) ottended		llec. 16	19	68 ta	Nev. 17	965.
that (I) (we) lost saw the decease	d alive on	lec. 16	19 66	and that	in(my) (aur) op	inian deoth occurred o	n the dote
and hour and from the couses stat	ed obave.	(I) (We) (did) (did nat) v			Silvan		
23A. SIGNATURE	/	1				23B, DATE SIGNED	
1. conto fr	22-	DEGREE Phys	nding Med. s. Direct	ar P	hys.	12/20/6	
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	G) -	0. 5	7	
	ozada	DEGREE				Balto. Md.	
24A. BURIAL CREMATION, REMOVAL (Specify)	24C.	NAME of CEMETERY OF CRE	MATORY	24D. LO	CATION	City, town, or county)	(Stote)
Burial 12/23/	68	Parkwood	0 0		Ltimore, Ma		
2SA. DATE REC'D BY HEALTH DEPT.	25B. NAM	e Of REGISTRAR	2 Leonard	J	Ruck Inc.	Balto Md. 2	121/

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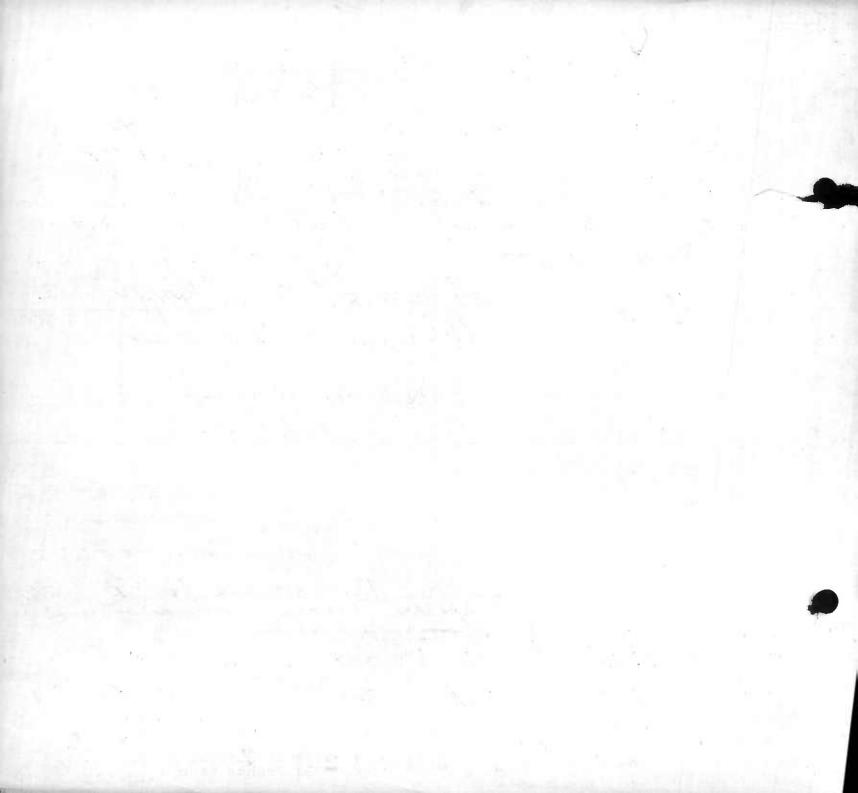
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1/25/24 1985

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68-12922 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

_6	8	-1	2	9	2	6

1. NAME OF DECEASE (Type or Print)										
(Type or Frint)	D			2. DATE	Known 1	Month	Doy	Yeor	Hour	
And do have	RL S. McA	LEER		OF DEATH	Estimoted [	12	18	68	9:30	а м.
4. PLACE IN BALTIMOR	RE, MARYLAND, W	HERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTI	ON, GIVE STREET	PRONOL	NCED DEAD	Docomb	10	1060	0.2	
OR INSTITUTION	ADDRESS OR LOCA	IION)		5 HELLAL DI	SIDENCE (Who		per 18.		9:30	
				A. STATE	SIDEIACE (WIII	i e deceosed	B. COUNT		belole odili	1531011)
00	1303 W. C	poss St	. 21223	Ma	aryland			01	m ()	Edward
6. SEX 7. RA	CE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	?	
Male W	hite	WIDOWED		Pa	lto.			YES 🔀	No 🗆	
9. DATE OF BIRTH	10. AGE (in		nder 1 Yr. If Under 24 Hrs.		ND NUMBER		1	TES [X]	140 [	
	lost birthdo		ths Doys Hours Min.	L. OTHERT						
9-6-1921	47				W. Cro	ss St.	Balto	. 21223	3	
11. BIRTHPLACE (State of	r foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME					
Maryland			U. S. A.	.Tol	nn J. Mc	Aleer				
14A.USUAL OCCUPATIO	N (Give kind of work	48. KIND OF	BUSINESS OR INDUSTRY							
done during most of working	life, even if retired)									
, Boiler Room	EDINILLE ADMED	Ship	Yard	IB. INFORM	ara B. S	helton		ADDRESS		
16. WAS DECEASED EV (Yes, no or unknown) (If yes	, give wor or dotes	of service)	17. SOCIAL SECURITY NO.					ADDRESS ]		
Yes W	WII		213-16-3510	Mr. &	Mrs. E.	Otterbe	ein 270			
19. 2 2 1 6	1 No 01	0.0	CAUSE OF DEA					,	APPROXIMATE	NTERVAL
200710-02		-							772214 014027	AITO DEAITI
	CONDITION DIRECT	LILY			01 1					
	on the mode of dy	ina e a	(A) IMMEDIATE (	CAUSE	Cirrh	osis	~~~~~~~~			
heort foilure, osthe	nio, etc. It meons the	diseose,	XXXXXX	ASAKCKIN XIXO	MONTH WIN					
injury or complicon	ion which coused deo	ith.)								
ANTECE	DENT CAUSES		(n)		Tubercul	osis i	nactiv			
	NDITIONS, IF ANY	GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:	<u> </u>	LIIGOLLV	<u></u>		
RISE TO THE ABO	VE CAUSE (A) STAT									
Z UNDERLYING CO	UNDITION LAST.		(C)							
2 500	II									
OTHER SIGNIFICAL	NT CONDITIONS CO									
OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONI	NT CONDITIONS CO UT NOT RELATED TO DITION GIVEN IN PA	THE TERMINAL								
OTHER SIGNIFICAL TO THE DEATH BE DISEASE OR CONE 20A. DATE OF OPER	UT NOT RELATED TO DITION GIVEN IN PA	THE TERMINAL		AS PERFORM	ED			21. AUT	OPSY? (Yes	or No)
TO THE DEATH BI	UT NOT RELATED TO DITION GIVEN IN PA	THE TERMINAL	-4	AS PERFORM	ED			21. AUT		
_	UT NOT RELATED TO DITION GIVEN IN PA RATION 20B. CON	THE TERMINAL ART 1 (A). NOITION FOR	WHICH OPERATION W						No	
₹ 22A EYTERNAL	UT NOT RELATED TO DITION GIVEN IN PA RATION 20B. CON	THE TERMINAL ART 1 (A). NOITION FOR	-4	in or obout 2	2C. WHERE DI	O (If in Boltim	ore City, give		No	
22A. EXTERNAL COUNDERLYING OF UTING CAUSE CO	UT NOT RELATED TO DITION GIVEN IN PA RATION 20B. CON AUSE WAS R CONTRIB-	THE TERMINAL ART 1 (A). NOITION FOR	WHICH OPERATION W	in or obout 2	2C. WHERE DI	O (If in Boltim	ore City, give		No	
222A. EXTERNAL COUNDERLYING OF OUTING CAUSE COUNTY CAUSE	UT NOT RELATED TO DITION GIVEN IN PA RATION 20B. CON CAUSE WAS R CONTRIB- DF DEATH.	THE TERMINAL ART 1 (A). NDITION FOR	WHICH OPERATION W	in or obout 2 te bldg., etc.)	2C. WHERE DI	?			No	
22A. EXTERNAL COUNDERLYING OF ON TIME (Month OF INJURY)	UT NOT RELATED TO DITION GIVEN IN PA RATION 20B. CON CAUSE WAS R CONTRIB- DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom	PLACE OF INJURY (e.g., e, form, foctory, street, office: 2E.INJURY OCCURRED WHILE AT NOT	in or obout 2 te bldg., etc.)	2C. WHERE DII NJURY OCCUR	?			No	
22A. EXTERNAL CUNDERLYING OF INJURY (APPROX.)	UT NOT RELATED TO DITION GIVEN IN PA RATION 20B. CON CAUSE WAS R CONTRIB- DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom	PLACE OF INJURY (e.g., e, form, foctory, street, office)  22E.INJURY OCCURRED  WHILE AT NOT	in or obout 2 te bldg., etc.)	2C. WHERE DII NJURY OCCUR	?			No	
22A. EXTERNAL COUNDERLYING OF INJURY (APPROX.)  22A. EXTERNAL COUNTY (Month of INJURY (APPROX.)	UT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON CAUSE WAS R CONTRIB-DF DEATH.	THE TERMINAL ART 1 (A).  NOTITION FOR  22B. hom  (Hour)	PLACE OF INJURY (e.g., e, form, foctory, street, office to the street of	in or obout 2 ce bldg., etc.) II	2C. WHERE DII NJURY OCCUR 2F. HOW DID	NJURY OC	CUR?	exoct locotion	No	
22A. EXTERNAL CUNDERLYING OF UNING CAUSE CONTINUEY (APPROX.)  23.	AT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON CAUSE WAS CONTRIB-DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom  (Hour) 2 m.	WHICH OPERATION W.  PLACE OF INJURY (e.g., e, form, foctory, street, office)  22E.INJURY OCCURRED  WHILE AT NOT AT V.  Inspection August Augus	in or obout 2 in	2C. WHERE DIII NJURY OCCUR 2F. HOW DID	NJURY OCC	CUR?	exoct locotion	No	
22A. EXTERNAL CUNDERLYING OF UNING CAUSE CONTINUEY (APPROX.)  23.	UT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON CAUSE WAS R CONTRIB-DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom  (Hour) 2 m.	PLACE OF INJURY (e.g., e, form, foctory, street, office to the street of	in or obout 2 in bldg., etc.)	2C. WHERE DIII NJURY OCCUR  2F. HOW DID I  and that an	NJURY OCC this basis	CUR? , death in m	exoct locotion	No	
22A. EXTERNAL COUNDERLYING OF UTING CAUSE COUNTING CAUSE COUNTY (APPROX.)  23.   Certify the resulted fr	AT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON CAUSE WAS CONTRIB-DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom  (Hour) 2 m.	WHICH OPERATION W.  PLACE OF INJURY (e.g., e, form, foctory, street, office)  22E.INJURY OCCURRED  WHILE AT NOT AT V.  Inspection August Augus	in or obout 2 in bldg., etc.)	2C. WHERE DIII NJURY OCCUR 2F. HOW DID	NJURY OCC this basis	CUR? , death in m	exoct locotion	No.	
22A. EXTERNAL CUNDERLYING OF UTING CAUSE CONTINUEY (APPROX.)  23.   Certify the resulted fr	AT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON CAUSE WAS CONTRIB-DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom  (Hour) 2 m.	WHICH OPERATION W.  PLACE OF INJURY (e.g., e, form, foctory, street, office)  PLACE OF INJURY (e.g., not office)  PLACE OF INJURY (e.g., n	in or obout 2 in	2C. WHERE DIII NJURY OCCUR  2F. HOW DID I  and that an	NJURY OCC this basis Undeterm L EXAMINER	, death in m	exoct locotion	No	
22A. EXTERNAL CUNDERLYING OF UNING CAUSE CONTINUEY (APPROX.)  23.   Certify the resulted from ACTUAL SIGNATURE	AT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON CAUSE WAS CONTRIB-DF DEATH.	THE TERMINAL ART 1 (A).  NDITION FOR  22B. hom  (Hour) 2 m.	WHICH OPERATION W.  PLACE OF INJURY (e.g., e, form, foctory, street, office)  22E.INJURY OCCURRED  WHILE AT NOT AT V.  Inspection August Augus	in or obout 2 lee bldg., etc.)	and that an micide CHIEF MEDICA	this basis Undeterm L EXAMINER	, death in mined monne	exoct locotion	No.	
22A. EXTERNAL CUNDERLYING OF UTING CAUSE CONTINUEY (APPROX.)  23.  1 certify the resulted fr  ACTUAL SIGNATURE EXAMINER'S	IT NOT RELATED TO DITION GIVEN IN PARATION 20B. CON  AUSE WAS R CONTRIB- OF DEATH.  I) (Doy) (Yeor	THE TERMINAL ART I (A).  NDITION FOR  22B. hom  (Hour)	WHICH OPERATION W.  PLACE OF INJURY (e.g., form, foctory, street, office)  22E.INJURY OCCURRED  WHILE AT NOT AT V  Inspection Au  cocident Suicid  M.E.	in or obout 2 lee bldg., etc.)	and that an micide CHIEF MEDICA	this basis Undeterm L EXAMINER	cur?  , death in mined monne	exoct locotion  my opinian  er	DATE SIG	
22A. EXTERNAL C UNDERLYING OF UTING CAUSE C 22D. TIME (Month OF INJURY (APPROX.)  23.  I certify th resulted fr  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS CONTRIBER OF DEATH.  (a) (Doy) (Yeor Days) (Yeor Death Section of the latest se	THE TERMINAL ART I (A).  NDITION FOR    228.   hom   (Hour)	PLACE OF INJURY (e.g., form, foctory, street, office to the form) of the form	in or obout 2 the bidg., etc.)	and that an micide CHIEF MEDICA	this basis Undeterm L EXAMINER L EXAMINER	CUR?  , death in mined monne	exoct locotion  my opinian  or   2/18/68	DATE SIG	GNED
22A. EXTERNAL COUNDERLYING OF UTING CAUSE COUNDERLYING OF UTING (Month OF INJURY (APPROX.)  23.  1 certify the resulted fr  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATIC	AUSE WAS CONTRIBER OF DEATH.  (a) (Doy) (Yeor Days) (Yeor Death Section of the latest se	THE TERMINAL ART I (A).  NDITION FOR    228.   hom   (Hour)	WHICH OPERATION W.  PLACE OF INJURY (e.g., form, foctory, street, office)  22E.INJURY OCCURRED  WHILE AT NOT AT V  Inspection Au  cocident Suicid  M.E.	in or obout 2 the bidg., etc.)	and that an micide CHIEF MEDICA	this basis Undeterm L EXAMINER	CUR?  , death in mined monne	exoct locotion  my opinian  er	DATE SIG	
22A. EXTERNAL C UNDERLYING OF UTING CAUSE C 22D. TIME (Month OF INJURY (APPROX.)  23.  I certify th resulted fr  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS RATION 20B. CON RATION 20B. CON RATION (20B. CON RATION) RATIO	THE TERMINAL NET I (A).  WDITION FOR    228.   hom   hom   wilson	PLACE OF INJURY (e.g., e, form, foctory, street, office of the control of the con	in or obout 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that an micide CHIEF MEDICA	this basis Undeterm L EXAMINER L EXAMINER L EXAMINER	CUR?  , death in mained monne  Xx  N (City, to	my opinian or   2/18/68	DATE SIG	GNED
22A. EXTERNAL COUNDERLYING OF UNING CAUSE COUNDERLYING OF UTING CAUSE COUNTY (APPROX.)  23.   Certify the resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATIC REMOVAL (Specify)  Burial	AUSE WAS RATION 20B. CON RATION 20B. CON RATION (20B. CON RATION) (20B. CON RATION (20B. CON RATION) (20B. CON RATION (20B. CON RATION (20B. CON RATION) (20B. CON RATION (20B.	THE TERMINAL MRT I (A).  WDITION FOR 228.  hom  nquiry  Wilson 24.	PLACE OF INJURY (e.g., form, foctory, street, office of the control of the contro	in or obout 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that an micide CHIEF MEDICA CIATE MEDICA	this basis Undeterm LEXAMINER LEXAMINER LEXAMINER D. LOCATIO	CUR?  , death in mained monne  Xx  N (City, to	my opinian or   2/18/68	DATE SIG	GNED
22A. EXTERNAL COUNDERLYING OF UNING CAUSE COUNDERLYING OF UTING CAUSE COUNTY (APPROX.)  23.   Certify the resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATIC REMOVAL (Specify) Burial  25A. DATE REC'D BY HE	Edward F.  NN, 24B. DATE  11 ON RELATED TO DITION GIVEN IN PARATION 20B. CON  CAUSE WAS  R CONTRIB-  OF DEATH.  10 (Doy) (Yeor	THE TERMINAL MRT I (A).  WDITION FOR 228.  hom  nquiry  Wilson 24.	PLACE OF INJURY (e.g., e, form, foctory, street, office of the control of the con	in or obout 2 the bldg., etc.)	and that an micide CHIEF MEDICA CIATE MEDICA	this basis Undeterm L EXAMINER L EXAMINER L EXAMINER D. LOCATIO	CUR?  , death in moined monne    Xk     12  N (City, to City;	exoct locotion  my opinian  er   2/18/68  own, or count  Balto  ADDRESS	DATE SIG	GNED Tote)
22A. EXTERNAL COUNDERLYING OF UNING CAUSE COUNDERLYING OF UTING CAUSE COUNTY (APPROX.)  23.   Certify the resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATIC REMOVAL (Specify) Burial  25A. DATE REC'D BY HE	AUSE WAS RATION 20B. CON RATION 20B. CON RATION (20B. CON RATION) (20B. CON RATION (20B. CON RATION) (20B. CON RATION (20B. CON RATION (20B. CON RATION) (20B. CON RATION (20B.	THE TERMINAL MRT I (A).  WDITION FOR 228.  hom  nquiry  Wilson 24.	PLACE OF INJURY (e.g., form, foctory, street, office of the control of the contro	in or obout 2 the bldg., etc.)	and that an micide CHIEF MEDICA CIATE MEDICA	this basis Undeterm L EXAMINER L EXAMINER L EXAMINER D. LOCATIO	CUR?  , death in moined monne    Xk     12  N (City, to City;	exoct locotion  my opinian  er   2/18/68  own, or count  Balto  ADDRESS	DATE SIG	GNED Tote)
22A. EXTERNAL COUNDERLYING OF UNING CAUSE COUNDERLYING OF UTING CAUSE COUNTY (APPROX.)  23.   Certify the resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATIC REMOVAL (Specify) Burial  25A. DATE REC'D BY HE	Edward F.  NN, 24B. DATE  11 ON RELATED TO DITION GIVEN IN PARATION 20B. CON  CAUSE WAS  R CONTRIB-  OF DEATH.  10 (Doy) (Yeor	THE TERMINAL MRT I (A).  WDITION FOR 228.  hom  nquiry  Wilson 24.	PLACE OF INJURY (e.g., form, foctory, street, office of the control of the contro	in or obout 2 the bldg., etc.)	and that an micide CHIEF MEDICA CIATE MEDICA	this basis Undeterm L EXAMINER L EXAMINER L EXAMINER D. LOCATIO	CUR?  , death in moined monne    Xk     12  N (City, to City;	exoct locotion  my opinian  er   2/18/68  own, or count  Balto  ADDRESS	DATE SIG	GNED Tote)

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BALTIMORE CITY HEALTH DEPARTMENT

1968 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? NO X 21090 If Under 1 Yr. If Under 24 Hrs. Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS

(NEE GLODFE/LTY) TAYLOR

ST. AGNES HOSPITAL RECORDS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

and that in (my) (our) opinion death accurred on the date

Oderouge Curbours brancould

Clarke of Brusselle James

District Conf.

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	BALTIMORE	CITY	HEALTH	DEPAR	TMENT
-12925	CEDTIEL	CA	TEO	E DE	ATI

68-12925

INAME OF DE	()(	2-TC3	25 CERTIFICA	IE OF DE	EATH	REG. NO	.,,,	ICSCO	-
(Type or Print)	MILTON B	ORZYM	IOWSKI			HOUR OF DEATH		7.45	A . M.
FULL NAME OF HOSPITAL OR INSTITUTION	ITIMORE MARYLAND, W  (IF NOT IN HOSPITA ADDRESS OR LOCA  HOME AND	AL OR INSTITU (TION)	TION, GIVE STREET	A. STATE  MARY  C. CITY OR TOW  BAL  E. STREET AND	LAND TIMOR	e D. INS	SIDE CITY LI	01	dmis sion)
	6. RACE  W  CUPATION (Give kind of work f working life, even if retired)	WIDOWED			(State or foreign	AGE (In years st birthdoy) 5 1		EN OF WHAT	
Elect	rzician			Bally	more		1	merice	m
15. Was Decease	tancis Bot dever in U. S. Armed Fore	ces?	1 6. SOCIAL	14. MOTHER'S A Rose		Viedzest	ca	ADDRESS	
(Yes, no or unknaw	n) (If yes, give wor ar date:	s of service)	SECURITY NO.	Raco b-	4.1	AND 39	100/	vudni	1. 4.
UNDERLYIN	SE OR CONDITION DIR LEADING TO DEATH not mean the made of , asthenia, etc. If means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if of the abave cause (A) IG CONDITION last.	dying, e.g., the disease, deoth.) any, giving stating the	(A) IMMEDIATE CAU DUE TO, OR AS  (B)	ise Cond a consequence		vrest	8	APPROXIMATE II	
19A. DATE C	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PARTY OF OPERATION 198. COMMAS PERFECTION WAS PERFORMED CAUSE OF COMMAND COMMAND CAUSE OF COMMAND COMMAN	T 1 (A). DITION FOR WEORMED  21 B. home	PLACE OF INJURY (e.g., i e, farm, factory, street, of	n ar obout 21 C. W	Y? (Yes or Na) HERE DID OCCUR?	208. IF YES, WERE IN CERTIFYING CA	AUSES OF D	CONSIDERED DEATH?	

VS 150-REV. 1/1/68

ACC TO 1800

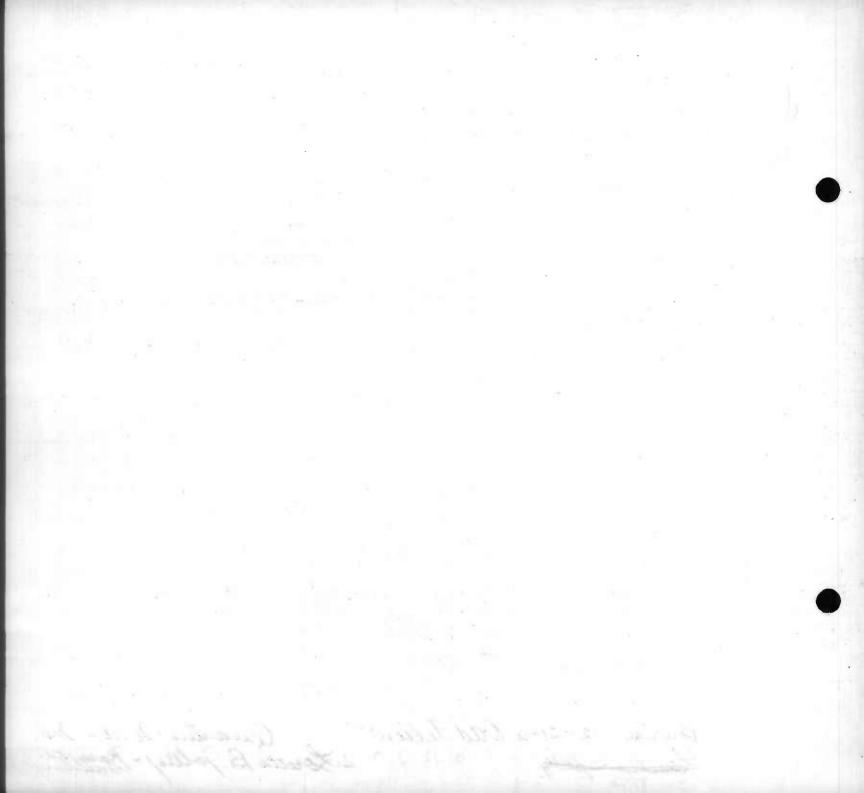
Tober 5 E. Tilesten

B. UABBROWS FI



MICHENT CORDS SHEN KANANANEN COMPANY CONTRACTOR SALEN ST. COMPANY CONTRACTOR CONTRACTOR

Philips Follows Com Comment of the Comment



MAS	53-19-83	CERTIFICATE OF DEATH  REG. NO. 68-12929  CERTIFICATE OF DEATH	
	and eath ased the Such	BIRTH NO.	
		(Type of Print) SHEUBROOK, BRADEORD 2. DATE AND HOUR OF DEATH 12/18/68 895	2
	pital of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before add	mission)
	osl nc lec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET MARYLAND	
	n a h caus use; ( tenda	INSTITUTION BALTITMORE CITY HOSPITALS	
	ng caus caus atte	3/ 4940 EASTERN AVE.  BALT IMORE  YES X NO   E. STREET AND NUMBER	
	O.=_ L .	BALTO. MD. 21224 330 S. MACON ST. 21224	
		S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Doys Hours;	24 Hrs. Min.
	occur ontrik ermin regul eased is ma	Male White WIDOWED DIVORCED 12-25-1900 67	
	ec ec	done during most of working life, even if retired)	UNTRY?
	3 0 L 2 P E	MARYLAND U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
	if d if d (4) U was the spos	THE COMPANY OF THE CO	
		15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	
	RTAN ssistan the d the d kind; deat	(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  BCH RECORDS: 4940 EASTERN AVE. 21224	
	or fi	1B. / 2 2 4 1 CAUSE OF DEATH   APPROXIMATE INTO	
	den fo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D DEATH
	0 4 9 5 0 5	(This does not mean the made of dying, e.g.,	<u>}</u>
	R: ner er. ctur proi	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	min fraction population populatio	ANTECEDENT CAUSES (B) CVA + PLEDILL TOSE DO CONOCIO	
	xan xan y h wh wh	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the	
	birector ical examiner is, (3) A fract cian who pr as in regula	UNDERLYING CONDITION lost. (C) Lellisphere (C)	5,
	di ici	332 X II	
	Te by	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  VERY CONDITION GIVEN IN PART 1 (A).	
	FUNER le chief I by a m 2) Body e the p physicia	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	by Be	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)	
	e e e = = =	OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bidg., INJURY OCCUR?	
	و مراكبة	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
		(APPROX.)  While At   Not While   Not While   Not Work	
	prov the liny n exce	22. I certify that (I) (this haspitel) attended the deceased from 12 12 19 68 to 12 18 19	68.
	000.	that ((we) last saw the deceosed alive an 12 18 and that in(my) (our) opinion death accurred on the	ne date
	bed ed nrt prit part sat	ond hour ond from the couses stoted obove. (4) (We) (did) (did bet) view the body ofter death.	
	ide ide hos mu	Attending Med. Stoff	/
	rel acc	DEGREE 1320 ADDRESS	
	rificate y was r (1) An a 5.A. at e d prior	JOHN COHEN, MD  DEGREE  BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. 21224	
	dy v	24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (State of Cemetery)	Stote)
	bod ws: D.C	BURIAL 12/21/68 MORELAND MEM. BALTO, CO, MET	1
	This certi the body shows: (1) was D.O. deceased	25A. DATE RECIPIN HEALTH DEPT 1258 MANNE OF REGISTRAN 255C, FUNERAL DIRECTOR MELLELY bleslates 12	19
	F + 01 > 0 >	VS 150-REV. 1/1/68	

31/51

12/18/68

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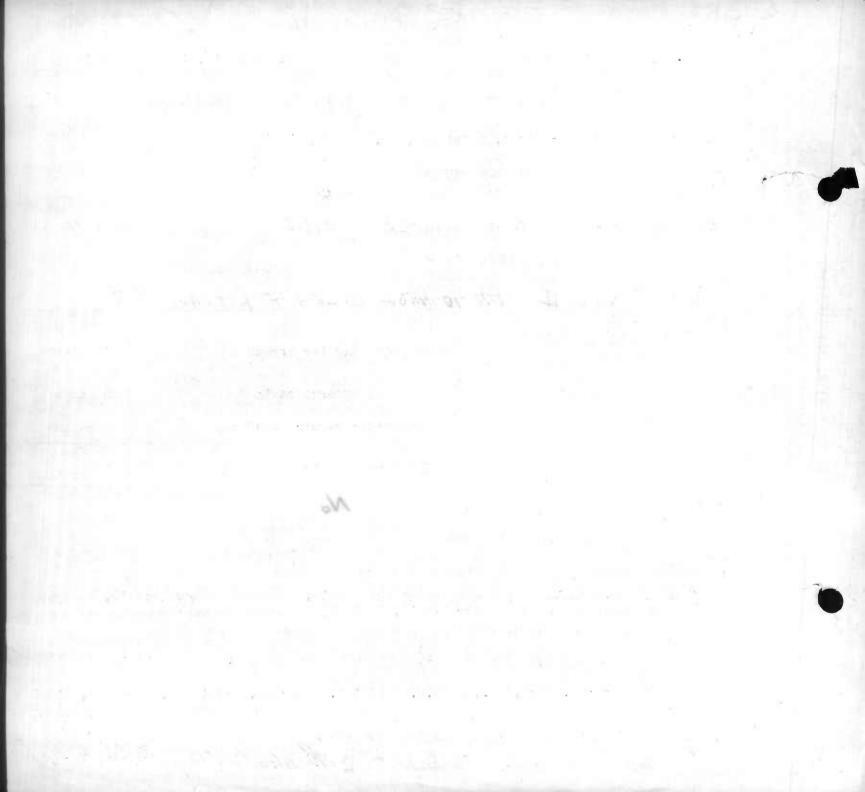
. D. Lee Groude W.

WEW ON

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	68-1293	0
		-

9	68-12	930 CERTIFICA	TE OF DEATH	REG. NO.	768-12930
BIRTH NO.	00 11			X	
NAME OF DECEASED	eter Litwak	LITUAK		ber 17, 196	58   11:10 PM
PLACE IN BALTIMORE, MA	ARYLAND, WHERE PRO	NOUNCED DEAD		e deceased lived. If in	nstitution: residence befare odmission
ULL NAME OF (IF NOT ADDRE NISTITUTION	T IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	BALTIMO D. INS	ORE 5 3 - 00 IDE CITY LIMITS?
The Johns Hopki	ins Hospital	, Baltimore, Md	BALTIMORE E. STREET AND NUMBER		YES NO NO
33			1529 RITA	ROAD	21222
SEX 6. RACE	7- MARR	EX NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
MALE WHIT			1-26-14	54	12, CITIZEN OF WHAT COUNTR
one during most of working life, e	ven if retired)			gn country)	
KULLER SUPT	57	IEEL MFGR	GHIO		UIS, A.
B. FATHER'S NAME			14. MOTHER'S MAIDEN NA	WE	
	NATIUS LI		ANASTASI	A OSLER	
5. Was Deceased Ever in U. S Yes, no or unknown) (If yes, give	S. Armed Forces? e wor or dates of servi-	e) SECURITY NO.	17. INFORMANT		# H
YES W	WIL	070-10-4882	ELLEN F.	LITVAK	# 7
18.162.14	250.1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CON LEADING	DITION DIRECTLY				
(This does not mean th			SE Cardiac arres	t	10 minutes
hearl failure, asthenia, et	Ic. II means the dise		A CONSEQUENCE OF:		
ANTECEDEN			Hypercalcemia		5 weeks
		(B)	A CONSEQUENCE OF:		J Weeks
DISEASES OR CONDITION TISE IN THE ABOVE UNDERLYING CONDITION	cause (A) stating	the a	atic carcinoma o	f the lung	6 months
165 X	1				
OTHER SIGNIFICANT CONT TO THE DEATH BUT NOT R DISEASE OR CONDITION G	DITIONS CONTRIBUTING RELATED TO THE TERMIN		tes mellitus		3 years
19A. DATE OF OPERATION  21A. ACCIDENT WAS UN		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21 A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exc	USE OF -	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.) XXXX	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME (Month) (I	Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) XXX		While At Work Not While At Work	° XXXXX	•	
22 Logerify that (I) Tel	GENERALITY attends	ed the deceased from Dec	cember 15.	1968 to Derre	mber 17, 1968
	•				inian death accurred an the da
		e. (I) (We) (did) (did not) v		at miny, quary up	man death accorded an the da
23A. SIGNATURE /	edoses stated abay	s. (1) (we) (did) (did-not) (	new the bady differ death.		23B, DATE SIGNED
Shara of	Jack 1		ending Med.	Staff Phys.	12/17/68
23C. PHYSICIAN'S		DEGREE Phy	s. Director 23D. ADDRESS	rnys.	
NAME (Type Georg	ge II. Sack,	Jr., M.D.		, Baltimore	, Maryland, 21205
		DEGREE			ity, town, or county) (State)
REMOVAL (Specify)	12/20/10	Da T	A not B	1 . TA	1 (Sidle)
OUKIAL BEST BY HEALTH	12/20/67	DALIMORE	NH 10 DA	LIO. n	10 appets to the
5A. DATE REC'D BY HEALTH	1065 A 0	SAC HAR	25C. FUNERAL DIRECTOR	Bradley	1 Declotting 144
運転に そう	1300 ULLE	DE, WARREN	120 12000		



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68-12932 BALTIMORE CITY HEALTH DEPARTMENT

68-12932

MEDICAL EXAM	INER'S	CERTIFICATE (	OF DEATH.	REG. NO	00-12392
BIRTH NO.				EG. NO	
1. NAME OF DECEASED (Type or Print)  MARTIN BLETZACKER	2. DATE Knawn [ OF DEATH Estimated	-	Doy Ye	Haur M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVI HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		3. DATE PRONOUNCED DEAI 5. USUAL RESIDENCE (	December	18, 1968	2:10 P. M.
O 201 E. North Avenue Rm.#1	L2	A. STATE Maryla	. B. C	OUNTY /	3 - 05
6. SEX 7. RACE 8. MARRIED NEVE	ER MARRIED X	c. CITY OR TOWN Baltin		NSIDE CITY LIMI	NO 🗆
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr.	If Under 24 Hrs. Hours Min.	E. STREET AND NUMBI 201 E	North Ave		
11. BIRTHPLACE (State or fareign country) 12. CITIZEN	OF OUNTRY?	13. FATHER'S NAME URBAN RECEN	KKKX BLETZA	ACKER	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINES done during mast of working life, even if retired) RACTNG JOCKEY HORSE RACT		15. MOTHER'S MAIDEN	NAME		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SO		ELIZABETH 1		ADDRESS	
NO		ELIZABETH BLA	TZACKER 100	) PLEASAN	T ST.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	AS A CONSEQUENCE OF:			
OF THE SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH					
	OPERATION W	AS PERFORMED		21. <b>A</b>	UTOPSY? (Yes ar Na) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	OF INJURY (e.g., octary, street, office	in ar about 22C. WHERE e bldg., etc.)	DID (if in Baltimare Ci UR?	ty, give exact lacati	an)
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJU OF INJURY (APPROX.) m.,	not	WHILE CORK	D INJURY OCCUR?		
23.  I certify that I held an Inquiry Insperies Insperie			on this basis, deo		งก
ACTUAL Charly Signature	get M.D		CAL EXAMINER		DATE SIGNED
EXAMINER'S Charles S. Springat	e, M.D.	ASSOCIATE MEDI	CAL EXAMINER	December	19, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAM		ar CREMATORY	New Lexin	(City, tawn, or ca	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC		25C. FUNERAL DI		ADDRES	ens Ave. 212
AU 00 1300 (17) 12 5	Sta. 12. 14	THOWAL Q. II	. Ourannara 4	TO! MITK	DIIO VC - ZIZ.

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VS 150-REV. 1/1/6



was D.O.A. written

Burial

25A. DATE REC'D B)

VS 150-REV. 1/1/68

of death Deceased

death.

hospital

		215-09-7072	Joseph Lieb, husband	d, above	
18.3 48	. 0	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEAS	SE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUS	se Chraiac arrist	Few minne	
heart lailure,	ot mean the mode of dying, asthenia, etc. It means the dise aptication which caused deoth.)	e.g., DUETO, OR AS A	CONSEQUENCE OF:		
1	ANTECEDENT CAUSES	(B) Amysi	prophic fatural Silele	sis s gean.	
rise to the	OR CONDITIONS, if any, gi e above cause (A) stoting	ving DUE 10, OK AS	A CONSEQUENCE OF:		
	G CONDITION lost.	(c)			
356.1	11				
TO THE DEAT	FICANT CONDITIONS CONTRIBUTI TH BUT NOT RELATED TO THE TERMIT CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS OF DI					
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21B, PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)		imore City, give exoct locotion)	
21 D. TIME	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY		White At Not While At Work			
22. I certify	that (1) (this haspital) attend	ed the deceased from Fe	eb. 2, 1968 to	Dec. 17, 19 68	
that (I) (we)	last saw the deceased alive	on Dec. 17,	19 68 and that in(my) (aur)	apinian death accurred an the date	
and have and	d fram the causes stated abov	ve. (1) (We) (did) (did nat) vi			
23A. SIGN ATU	Marmio he	1000 & MA Atter	ording Med. Staff Phys.	23B, DATE SIGNED	
23C. PHYSICIA NAME (T	ypel Dr. Artemio A	2)  2	3501 Fait Ave	•	
4A. BURIAL CRE		C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)	

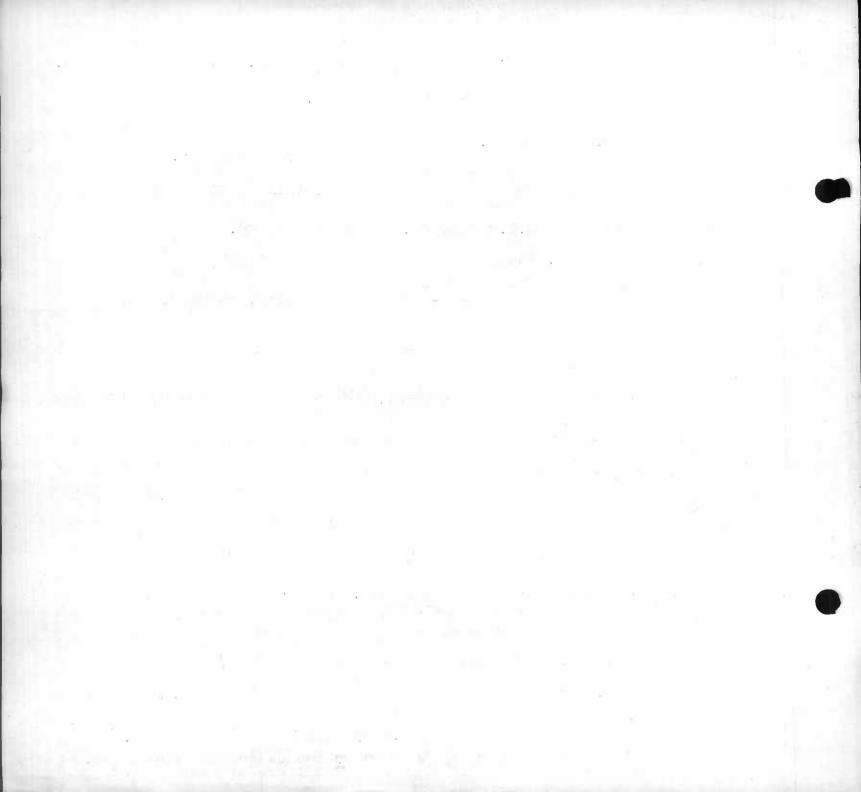
Baltimore, Md.

ADDRESS

Schimunek Funeral Home, Inc.

Brehms Lane

12/20/68 Holy Redeemer Cemetery



G-236

BIRTI	H NO.		MED	ICAI	_ EX	AMINI	ER'S C	CERTIF	ICAT	E OF	DE	ATI	H REG	. NO			
1. N.	AME OF DEC	EASED						2. DATE	Know	/n 🔘	Мо	nth	Do	٧	Year	Hour	
(Type	or Print)	D GIS	VER T					OF∻ DEATH		noted 🕽	D	ecen				UNK	
(Type or Print) HOWARD GISNER , Jr.  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		-62		nth	Do		Year	Haur	М.			
HOSE	NAME OF		T IN HOSPITA		OITUTIT	N, GIVE STREI	ΕT		OUNCED I						1968	9:05	
07		Balti	imore S	t., :	Room	39		A. STATE	ryland		e dece		B. COL		residence	before admi:	ision)
6. SE	X	7. RACE		8. MARI	RIED 🗌	NEVER MA	RRIED	C. CITY C	RTOWN			,	D. JNS	IDE CIT	Y LIMITS?	1	
	male	whit	te	WIDON	WED 🗌	DIVO	RCED X	Ba	ltimor	ce		/	1-	YE	s 🕏	No 🗆	
	TE OF BIRTH		10. AGE (In	yeors	If Und	ler 1 Yr. If Und	er 24 Hrs.		AND NU			7			1		
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	uring most of w			TO. KIIV	OFBU	33114E33 OK	INDUSIK	I IS. MOII	IER J MAII	DEIN INAI	MIE						
	Odd									K Bar	cbar	ra W	alte				
16. W (Yes, r	/AS DECEASE	O EVER IN (If yes, give	war or dates	FORCE of service	5?	7. SOCIAL SECURITY	NO.	18. INFO	RMANT					AD	DRESS	2122	22
	Yes	W	WIT			??????		Fi	ed Gi	siner	-70	618	01d	Batt	le Gr	ove Ro	1
15	571.	8				CAUSI	E OF DEA								AF	PROXIMATE IN	NTERVAL
	DISEASE	OR CONE	OITION DIREC	TIV		173.	n 4n 4n /	14		E T 2.							
		EADING TO					MEDIATE O	Altera	L TOIL C	OT T'T.	ver						
	heart failure,	osthenio, etc	mode of dyi c. It meons the ich caused dea	diseose,				AS A CONS	QUENCE	DF:							
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		ITECEDENT				(B)											
	DISEASES C	ABOVE CA	IONS, IF ANY LUSE (A) STAT	GIVING	,	DL	JE TO, OR	AS A CONS	SEQUENCE	OF:							
7	UNDERLYIN					(c)											
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Y			NDITIONS CO														
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CERTIFICATION	DA. DATE OF					HICH OPER	ATION W	AS PERFOR	MED					777	21. AUTO	PSY? (Yes	or Na)
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¥ 2	ZA. EXTERN	IAL CAUSE	WAS		22B. PL	ACE OF IN	IURY (e.g.,	in or obaut	22C. WHI	FRE DID	(If in I	Baltimor	e City, o	ive exac	Yes	(Part	lal)
<b>□</b> 1	JNDERLYING JTING CAL	OR CON	ITRIB-		ham e,	farm, factory,	street, offic	e bldg., etc.)	INJURY C	OCCUR?	(·· ··· ·						
	2D. TIME (	Month) (I	Doy) (Year	) (Hou		E.INJURY OC	CURRED		22F. HO\	W DID IN	JURY	occu	JR?				
	APPROX.)				m. WH	ORK T		WHILE ORK									
2	3.									30.334							
	l certi	fy that I h	reld an Ir	quiry		Inspection	P.Au	topsy X	and t	that an t	his b	asis,	death	in my d	pinian		
	result	ed from: N	Notural cau	ses 🔯	Ace	cident 🗌	Suicio	de 🗌	Hamicide		Unde	etermin	ned ma	nner [			
		1117	1 1 1	1		1			CHIEF M	EDICAL I	EXAM	INER					
	ACTUAL		SULN	12	1	N		AS	SISTANT				XX			DATE SIG	NED
	SIGNATU		11001		YV	11	M.D	).								12/	21/68
	EXAMINE NAME (T	ype)	erner U	. Sp					SOCIATE M								
REM	BURIAL CREA OVAL (Specif	AATION,	24B. DATE	,	24C	. NAME of C	EMETERY	ar CREMA	IORY	24D.	LOC.	ATION	(Ci	ly, tawn,	ar county	) (Sto	ite)
	Buria		12-27-	1968	Ва	lto. Na	at'1.	Cemet	ery			Ва	alto	. , M	d.		
25A.	DATE REC'D	BY HEALTH	DEPT.	25B. N		F REGISTRA			. FUNERA	L DIRECT	OR		7.0		DRESS	.1 0.	
						-		Lim	Cool	-Bro	oke	Tno	12	1/ S	t. Pa	ul St.	
		C 441	SSS A	17	a 0	10	Death	O WILL	) 000	· pro	PICO	, 1110	· Ba	ITO.	, Md.	21202	

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MEDICAL EXAMINER'S	LERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print)  ODD STENSRUD	OF Estimoted 12 20 68 10.15 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  December 20, 1968, 10.15am.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Der 6 Port Covington	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED .  9. DATE OF BIRTH 10.AGE (In years   If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER
[lost blithday] Months   Doys   Hours   Min.	E. STREET AND NOMBER
3-26-1936 32 1 1 1  11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1620 Fleet Street
- Sande-Figured, Notway WHAT COUNTRY?	61 (1
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Olaus Stenstad
done during most of working life, even if retired)	111
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS 11 Aug
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	5823, Jongun
19. CAUSE OF DEA	TH DOYKHISTOFTERSEN BOLTON MAZIZIO
2801/1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,	AUSE <u>Imiries</u> AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Bollimore City, give exoct location)
UNDERLYING GOR CONTRIB-	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE Found lying between R. R. track
23.	
	tapsy XX and that an this basis, death in my apinion
resulted from Natural causes Accident XX Suicio	le Homicide Undetermined manner
The state of the s	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F Wilson M.D. 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY.	
	or CREMATORY  24D. LOCATION (City, town, or county) (Stote)
Removal 4/24/168 Osló, 1	Vorway Oslo, Norway
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS.
600 0 (sec) 8 06 8 9 0	Why Gook-Brooks, Balto, Md. (15, A.
VS 151-REV. 1/1/68 9CB 7 4 1968 ( )	
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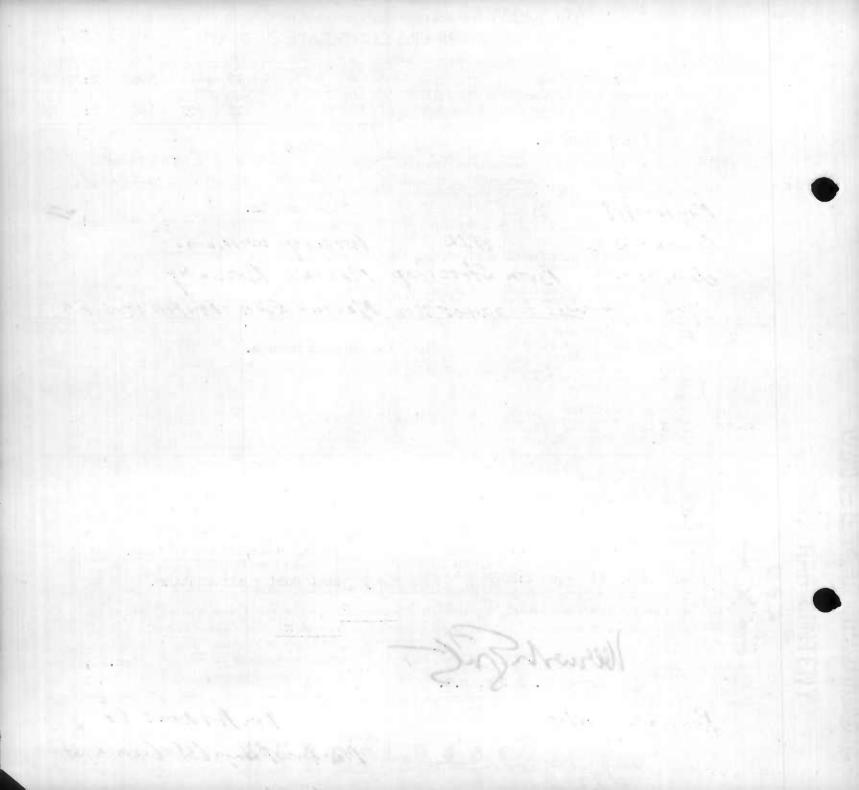
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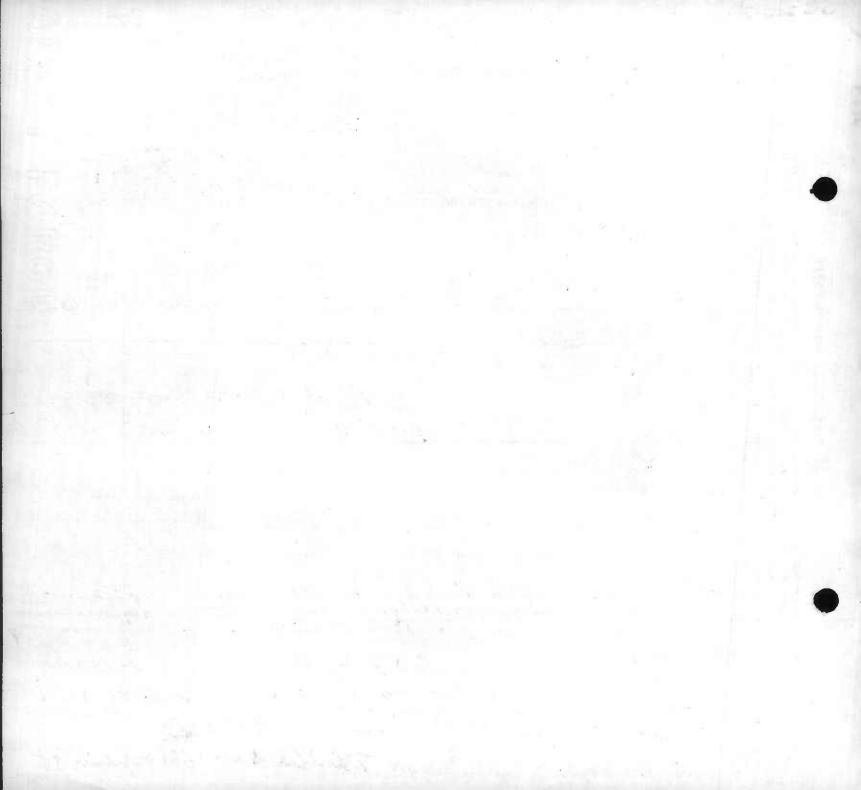
68-12937 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68-12937

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) Mace Williams	OF DEATH Estimoted 12 12 1968 2:20 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE   Month Doy Yeor Hour   PRONOUNCED DEAD   12 27 7068 0.1.00
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	12 21 1900 2:4) FFI
2136 Koko La.	A. STATE B. GOUNTY  Maryland  C. CITY OF TOWN
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS
M C WIDOWED DIVORCED	Baltimore VES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 2136 Koko La.
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
Cenuary S.C WYAYCOUNTRY?	WESLEY WILLIAMS
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired to STAL CORP	MARTHA BOLLAMY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or data of service) SECURITY NO.	MARTHA Elan - Now Port Nows VA
CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Multin	Le gunshot wounds.
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No
5  1	yes
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	in or about 22C, WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office home	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR? dining room, 2136 Koko Lane.
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INITURY	while shot during altercation.
23.	ORK X PROV during arbercasion.
	tapsy 🔀 and that an this basis, death in my opinian
resulted fipm: Natural causes Acciden Suicid	
Testified lipini. National cutses	CHIEF MEDICAL EXAMINER
ACTUAL MORE SANTO	DATE SIGNED
SIGNATURE M.D.	Dec. 22, 1/00
EXAMINER'S Werner U. Spilz, M. B.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	Non Port Nows Vs.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
DER 24 1965 R. R. 2. 6 8 Banking	Mas Jans Polyn 638 NGILMON St
VS 151-REV. 1/1/68	



VS 150-REV. 1/1/68



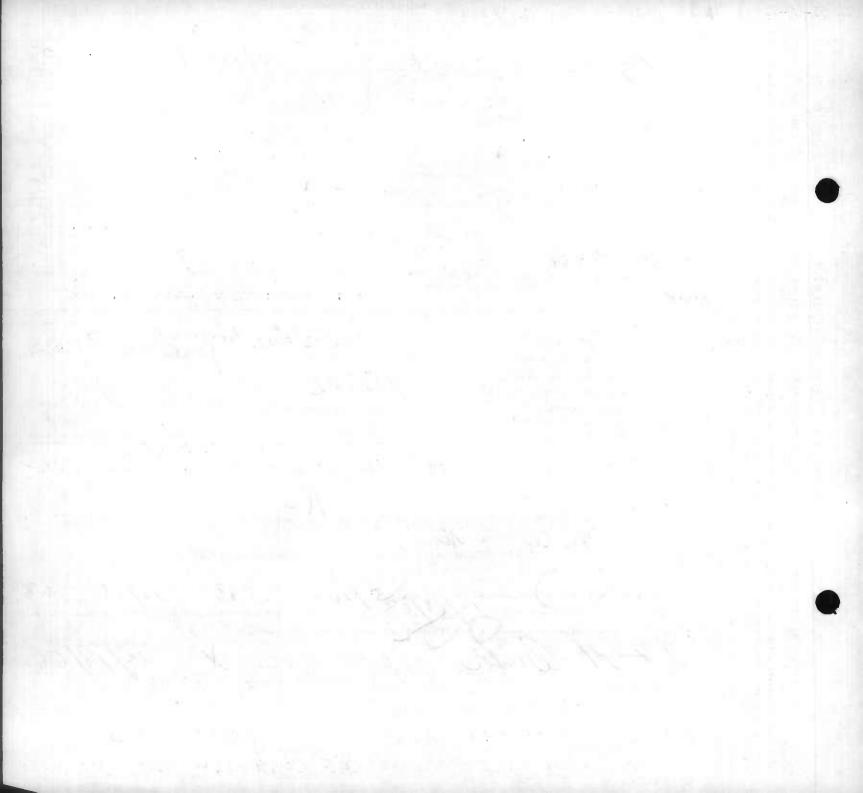
-	5-00	6	8-1293	G BALTIMORE CIT	I HEALTH DEPAK			100 16	
BIRT	H NO.		e-WUC	CERTIFICA	ATE OF DE	ATH	REG. NO	- JLA	000
1. N.	AME OF DEC	EASED		Alemace		2, DATE AND HOU	R OF DEATH		
Туре	e or Print)	sta Wilhelm	ing (Brown)	ARMSTR	ON G-	December	17 1068	1 0.2	O D
2 8	LACE IN SAL	TIMORE MARYLAND	THE STOR	) Armstrog	4 USUAL RESID	December	sed lived. If in	stitution: residence	
3. FI	LACE IN SAL	IIMOKE MAKILAND	, WHERE PRONOU	INCED DEAD	A. STATE	B. COUNTY	704 11 104 11 111	2)	) /
FUL	LNAMEOF	(IF NOT IN HOS	SPITAL OR INSTITU	JTION, GIVE STREET	MAR	VIMIL	6	70-	
HOS	SPITAL OR	ADDRESS OR LO	OCATION)		C. CITY OR TOW	NAMA	D. INSI	DE CITY LIMITS?	£
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0	11.7	s Home for	Classical May		E STREET AND	NUMBER	1	11.0 2	
	uprands	s nome for	Ghuren wor	men	11501	DIAF	nene	01011 0	
					19001	CHAP	NADE	RICKR	/)
. SE	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTI	H 9. AGE	(In years	Months Days	If Under 24 h
Fe	emale	White	WIDOWED	DIVORCED	March 10,	1867 1	01		
				BUSINESS OR INDUSTR			try)	12. CITIZEN OF V	VHAT COUN
done	during most of v	working life, even if retire	ed)		Mox	rrl and			
1	10052	EWIFE			Man	yland			
3. F	ATHER'S NAM	ΛE			14. MOTHER SIN	AIDEN NAME			
	TT 1	D			-				
E 14	nerpert	Erastus Sn	low	14 500141	Emma CI	<u>lara Tubner</u>		ADDRES	
		(If yes, give wor or		1 6. SOCIAL SECURITY NO.	INFORMANT			EARLO	OURT
					CATHE	RINI 61	FULE	AATT	
1	18.	2. 2.2. 1		CAUSE OF DEA	TH			APPROX	IMATE INTERVA
	7/00	1.50/0			112		1	1 BETWEEN	ONSET AND DE
		E OR CONDITION LEADING TO DEA		KASO	alto on	Jai .	12. 11	10/16	-11.
				(A) IMMEDIATE CA	AUSE	one ou	W, Wu	comy Of	Marie
		al mean the made asthenia, etc. It me		DUE TO, OR AS	S A CONSEQUENCE	OF:	/	/	
		plication which cou							
		phonical miner eve	sed death.)						
	,			AS	TOUR			ma	40
		ANTECEDENT CAU	SES	(B) A S	5CUD			ma	my yes
1	DISEASES C	ANTECEDENT CAU	SES if ony, giving	(B) DUE TO, OR A	CUD AS A CONSEQUENCE	: OF:		ma	my yli
	DISEASES C	ANTECEDENT CAU	SES if any, giving (A) stating the	DUE TO, OR A	S A CONSEQUENCE	: OF:		ma	ny yes
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ATION	DISEASES OF THE PROPERTY OF THE SIGNIF TO THE DEAT DISEASE OF C	ANTECEDENT CAU  OR CONDITIONS,  or above cause (  GONDITION last.  IL  ICANT CONDITIONS  H BUT NOT RELATED TO  ONDITION GIVEN IN	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(C)				ma	ny yli
ATION	DISEASES OF THE PROPERTY OF THE SIGNIF TO THE DEAT DISEASE OF C	ANTECEDENT CAU OR CONDITIONS, e abave cause ( G CONDITION last.  I   ICANT CONDITIONS H BUT NOT RELATED TO ONDITION GIVEN IN OPERATION 1798. C	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(C)	S A CONSEQUENCE	(2 (Yes or No) 208, I	F YES, WERE	FINDINGS CONSIL	ry ylo
ATION	DISEASES OF THE PROPERTY OF THE SIGNIF TO THE DEAT DISEASE OF C	ANTECEDENT CAU OR CONDITIONS, e abave cause ( G CONDITION last.  I   ICANT CONDITIONS H BUT NOT RELATED TO ONDITION GIVEN IN OPERATION 1798. C	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(C)		(2 (Yes or No) 208, I	F YES, WERE RTIFYING CA	FINDINGS CONSIE	ry ylo
CERTIFICATION	OTHER SIGNIF	ANTECEDENT CAU OR CONDITIONS, e above cause ( G CONDITION last.  I	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED	(C)WHICH OPERATION	20A. AUTOPSY	(Yes or No) 20B, IN CI	ERTIFYING CA	FINDINGS CONSIGURES OF DEATH?	
L CERTIFICATION	DISEASES CONTRIBE	ANTECEDENT CAU ANTECEDENT CAU ANTECEDENT CAU BROWN COUSE ( CONDITION S. CONDITION S. CONDITION S. CONDITION S. CONDITION SIVEN IN COPERATION SIVEN IN COPERATION SIVEN S	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY	(Yes or No) 20B, IN CI	ERTIFYING CA	USES OF DEATH?	
ICAL CERTIFICATION	DISEASES CONTRIBLE TO THE DEAT DISEASE OR CONTRIBLE DEAT (notify	ANTECEDENT CAU OR CONDITIONS, or above cause ( or CONDITION last.  IL ICANT CONDITION S H BUT NOT RELATED T ONDITION GIVEN IN OPERATION 198. C WAS  NT WAS UNDERLYIN UTING CAUSE OF medical examiner)	if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  21B. hom etc.)	(C)WHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street,	, in or obout 21C. Whoffice bldg., INJURY	(? (Yes or No) 20B, I IN CI OHERE DID OCCUR?	(If in Boltimor	USES OF DEATH?	
EDICAL CERTIFICATION	DISEASES CONTROL OF THE SIGNIF TO THE DEAT DISEASE OR CONTROL OF CONTROL DEATH (notify	ANTECEDENT CAU ANTECEDENT CAU ANTECEDENT CAU BROWN COUSE ( CONDITION S. CONDITION S. CONDITION S. CONDITION S. CONDITION SIVEN IN COPERATION SIVEN IN COPERATION SIVEN S	if ony, giving (A) stating the CONTRIBUTING (O THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  21B. hometc.)	WHICH OPERATION  PLACE OF INJURY (e.g., farm, foctory, street,	, in or obout 21C. We office bldg., INJURY	(Yes or No) 20B, IN CI	(If in Boltimor	USES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES CONTRIBLE TO THE DEAT DISEASE OR CONTRIBLE DEAT (notify	ANTECEDENT CAU OR CONDITIONS, or above cause ( or CONDITION last.  IL ICANT CONDITION S H BUT NOT RELATED T ONDITION GIVEN IN OPERATION 198. C WAS  NT WAS UNDERLYIN UTING CAUSE OF medical examiner)	if ony, giving (A) slating the  CONTRIBUTING (O) THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  21B. hom etc.)  ear) (Hour) 21E. Whi	WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, injury occurred in Not White At Not White Injury occurred in Not White Injury occurre	20A. AUTOPSY , in or obout 21C. Who office bidg., INJURY	(? (Yes or No) 20B, I IN CI OHERE DID OCCUR?	(If in Boltimor	USES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DEAT DISEASE OR CONTRIBUTION OF THE PROPERTY O	ANTECEDENT CAU  OR CONDITIONS, above cause ( CONDITION last.  I CANT CONDITION S H BUT NOT RELATED T ONDITION GIVEN IN OPERATION 198.  OPERATION 198.  ONT WAS UNDERLYIN DITING CAUSE OF medical examiner)	if ony, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). PERFORMED  21B. hom etc.) ear) (Hour) 21E. Whi Wor	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, injury Occurred ide At Work At Work	20A. AUTOPSY , in or obout 21C. WHoffice bldg., INJURY 21F. HO	(Yes or No) 208, IN CI	(If in Bottimor	USES OF DEATH?	cation)
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DEAT DISEASE OR CONTRIBUTION OF THE PROPERTY O	ANTECEDENT CAU  OR CONDITIONS, above cause ( CONDITION last.  I CANT CONDITION S H BUT NOT RELATED T ONDITION GIVEN IN OPERATION 198.  OPERATION 198.  ONT WAS UNDERLYIN DITING CAUSE OF medical examiner)	if ony, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). PERFORMED  21B. hom etc.) ear) (Hour) 21E. Whi Wor	VHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street,  INJURY OCCURRED  ILLE AT Not Whick At Work  The deceased from	20A. AUTOPSY , in or obout 21C. Whoffice bldg., INJURY 21F. HO	(Yes or No) 208, IN CI	(If in Boltimor	USES OF DEATH?	cation)
MEDICAL CERTIFICATION	DISEASES OF INTERPRETATION OF INJURY (APPROX.)	ANTECEDENT CAU  OR CONDITIONS, above cause ( CONDITION last.  I CANT CONDITION S H BUT NOT RELATED T ONDITION GIVEN IN OPERATION 198.  OPERATION 198.  ONT WAS UNDERLYIN DITING CAUSE OF medical examiner)	if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  21B. hom etc.) (Hour) 21E. Whi Wor	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, injury Occurred ide At Work At Work	, in or obout 21C. Whoffice bldg., INJURY	(Yes or No) 208, IN CI	(If in Bottimor	USES OF DEATH?	cation)
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAU  OR CONDITIONS, or above cause ( or conditions) or condition last.  I         OR CONDITION   OR CONDITION   OR CONDITION   OPERATION   198. ( WAS  OPERATION   198. ( OPERA	if ony, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  1G 21B. hom etc.) ear) (Hour) 21E. Whi Wor	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, injury occurred to the control of	20A. AUTOPSY , in or obout 21C. Whoffice bidg., INJURY 21F. HO	(2 (Yes or No)) 20B, i IN CI HERE DID OCCUR?	(If in Bottimor	USES OF DEATH?	cation)
MEDICAL CERTIFICATION	DISEASES CORSES IN THE PROPERTY OF THE DEAT DISEASE OR CORSES OF CORSES OF CORSES OF CORSES OF CONTRIBUTION OF THE PROPERTY (APPROX.)  22. I certify that (I) (we) and have and	ANTECEDENT CAU  OR CONDITIONS, above cause ( CONDITION last.  I         CONDITION last.  I         CONDITION SILVEN IN OPERATION   198. Condition of the condit	if ony, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  1G 21B. hom etc.) ear) (Hour) 21E. Whi Wor	VHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street,  INJURY OCCURRED  ILLE AT Not Whick At Work  The deceased from	20A. AUTOPSY , in or obout 21C. Whoffice bidg., INJURY 21F. HO	(2 (Yes or No)) 20B, i IN CI HERE DID OCCUR?	(If in Bottimor	USES OF DEATH?  THE City, give exoct lo	19 6
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAU  OR CONDITIONS, above cause ( CONDITION last.  I         CONDITION last.  I         CONDITION SILVEN IN OPERATION   198. Condition of the condit	if ony, giving (A) slating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  1G 21B. hom etc.) ear) (Hour) 21E. Whi Wor	WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, linjury Occurred At Work At	20A. AUTOPSY  in or obout 21C. WHoffice bidg., INJURY  21F. HO	(Yes or No) 20B. IN CI  HERE DID OCCUR?  W DID INJURY OC  and that in(magnetic death.	(If in Bottimor	USES OF DEATH?	19 6
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MEDICAL CERTIFICATION	OISEASES CORISE IN THE RESIGNIF TO THE DEAT DISEASE OR CONTRIBLE DEATH (notify (APPROX.)  21A. ACCIDENOR CONTRIBLE DEATH (notify (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAU  OR CONDITIONS, a abave cause ( G CONDITION last.  I     IICANI CONDITION SILVER   IICANI CONDITION SILVER SIL	if ony, giving (A) slating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  IG 21B. hom etc.) ear) (Hour) 21E. Whi wor wital) attended the eased alive an stated abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street, linjury Occurred At Work At	20A. AUTOPSY office bldg., INJURY  21F. HO hile 19 5 8  view the bady at thending Manys. 23D. ADDRESS	Yes or No) 20B, IN CI	(If in Bottimor	USES OF DEATH?  THE City, give exoct lo	19 G
MEDICAL CERTIFICATION	DISEASES CORISE IN THE RESIGNIF TO THE DEAT DISEASE OR CORE TO THE DEAT DISEASE OR CONTRIBUTION OF THE DEATH (notify 12 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAU  OR CONDITIONS, a abave cause ( G CONDITION last.  I     IICANI CONDITION SILVER   IICANI CONDITION SILVER SIL	if ony, giving (A) slating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  IG 21B. hom etc.) ear) (Hour) 21E. Whi wor wital) attended the eased alive an stated abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street, Not Which AI Worth	20A. AUTOPSY office bldg., INJURY  21F. HO hile 19 5 8  view the bady at thending Manys. 23D. ADDRESS	(2 (Yes or No) 20B, IN CI  HERE DID OCCUR?  OW DID INJURY OC  and that in (material description of the sector Shoff Phys.	(If in Bottimor	USES OF DEATH?  The City, give exact to the control of the control	19 G
MEDICAL CERTIFICATION	OISEASES CORISE IN THE RESIGNIF TO THE DEAT DISEASE OR CONTRIBLE DEATH (notify (APPROX.)  21A. ACCIDENOR CONTRIBLE DEATH (notify (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAU  OR CONDITIONS, a abave cause ( G CONDITION last.  I     IICANI CONDITION SILVER   IICANI CONDITION SILVER SIL	ISES  if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  IG 21B, white the control of the con	WHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street, Not Which AI Worth	20A. AUTOPSY  in or obout 21C, Whoffice bldg, INJURY  21F. HO  hile  19 B 8  view the bady at  thending Manys.  23D. ADDRESS	(Yes or No) 20B, I IN CI	(If in Bottimor	re City, give exoct lo	red on the
MEDICAL CERTIFICATION	OISEASES CORISE IN THE RESIGNIF TO THE DEAT DISEASE OR CONTRIBLE DEATH (notify (APPROX.)  21A. ACCIDENOR CONTRIBLE DEATH (notify (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAU  OR CONDITIONS, a abave cause ( G CONDITION last.  I     IICANI CONDITION SILVER   IICANI CONDITION SILVER SIL	if ony, giving (A) slating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  IG 21B. hom etc.) ear) (Hour) 21E. Whi wor wital) attended the eased alive an stated abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street, Not Which AI Worth	20A. AUTOPSY  in or obout 21C, Whoffice bldg, INJURY  21F. HO  hile  19 B 8  view the bady at  thending Manys.  23D. ADDRESS	(2 (Yes or No) 20B, IN CI  HERE DID OCCUR?  OW DID INJURY OC  and that in (material description of the sector Shoff Phys.	(If in Bottimor	re City, give exoct lo	19 G
MEDICAL CERTIFICATION	OISEASES CORISE IN THE RESIGNIF TO THE DEAT DISEASE OR CONTRIBLE DEATH (notify (APPROX.)  21A. ACCIDENOR CONTRIBLE DEATH (notify (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAU  OR CONDITIONS, a abave cause ( G CONDITION last.  I     IICANI CONDITION SILVER   IICANI CONDITION SILVER SIL	if ony, giving (A) slating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED  IG 21B. hom etc.)  ear) (Hour) 21E. Whi Word was alive an stated abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., e, farm, factory, street, Not Which AI Worth	20A. AUTOPSY  in or obout 21C, Whoffice bldg, INJURY  21F. HO  hile  19 B 8  view the bady at  thending Manys.  23D. ADDRESS	(Yes or No) 20B, I IN CI	(If in Bottimor	re City, give exoct lo	red on the o

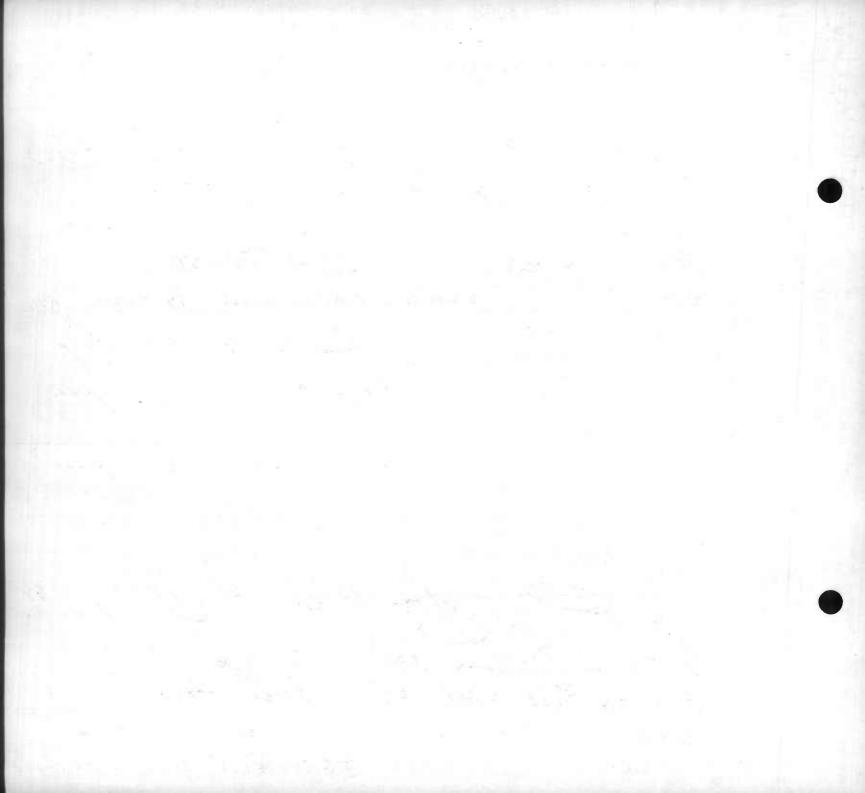
CATHERINE GROLE SE

THE THE HARD WAR WORLD STORY

BALTIMORE CITY HEALTH DEPARTMENT	40040
68-12940 CERTIFICATE OF DEATH  REG. NO. 68-	-12940
INAME OF DECEASED  Type of Print) MC (LELLAND, ROBERT P. DECEMBER 2) '68	1015
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, if institution: resi	dence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMI	TS?
TRAITIMOPE VEST	NO 🗌
44 THE UNION MEMORIAL HOSP E. STREET AND NUMBER 900 W. 38 TH STREET	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: D	Yr. If Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED 08-05-90 68	oys mous with.
fano ducing most of working life, even if retired 1 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5 10 / 5	N OF WHAT COUNTRY?
Retired Inspector 220- FACTORY MARYLAND AME	FRICAN
3. FATHER'S NAME / 14. MOTHER'S MAIDEN NAME	
ROBERT P. MCCLELLAND SR. MINNIE SEYMOUR	
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	DDRESS
NO NO 220-46-2018 THE CHART	
18. V CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	
heart failure, asthenio, etc. It means the disease,	ABOUT
ANTECEDENT CAUSES  E. COLI BACTEREMIA	10 DAYS
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	
UNDERCTING CONDITION last. (C) 214-35-163 116-31	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A).	ONSIDERED
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS COURSES OF DE	ATH?
OR CONTRIBUTING CAUSE OF CEC.]	exoct locotion)
O 21D.TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY  (APPROX.)  While At Not While At Work	
22. I certify that (1) (this hospital) attended the deceased from DEC - 19 68 to DEC 2	1968,
that (I) (we) lost sow the deceased alive on DEC 21 19 68 and that in(my) (our) opinion death	
ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter death.	000000000000000000000000000000000000000
23A. SIGNATURE 23B. DATE	SIGNED
Attending Med. Staff Dec	2 21 168
23 C. PHYSICIAN'S 23D. ADDRESS	
NAME (Type) ( ITUN REE KUU MD) THE UNION MEMOR	PIAL HOSP.
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
Busines Descript Marie Catharles Cold Francisk (	RI.
258. DATE REC'D BY HEALTH DEPT. 258 NAME OF SEGISTRAR ) 250. FUNERAL DIRECTOR	ADDRESS
MEC 24 1968 R. D. A. 8 Falling & Donovan 38	18 Rolend
/S 150-REV, 1/1/68	

WAY THE CONTRACT & Place P No Clauses SE no use of Service I TREE CHERT CARDENESS AREST E CLEY BANTERSMINA (1915) DIAMETES INSULTOS 0.14 \$1 1- 104 71 -11-110T SH IS 190 X CHUN KEE KU MS SHE WHICH MENCHING HIS





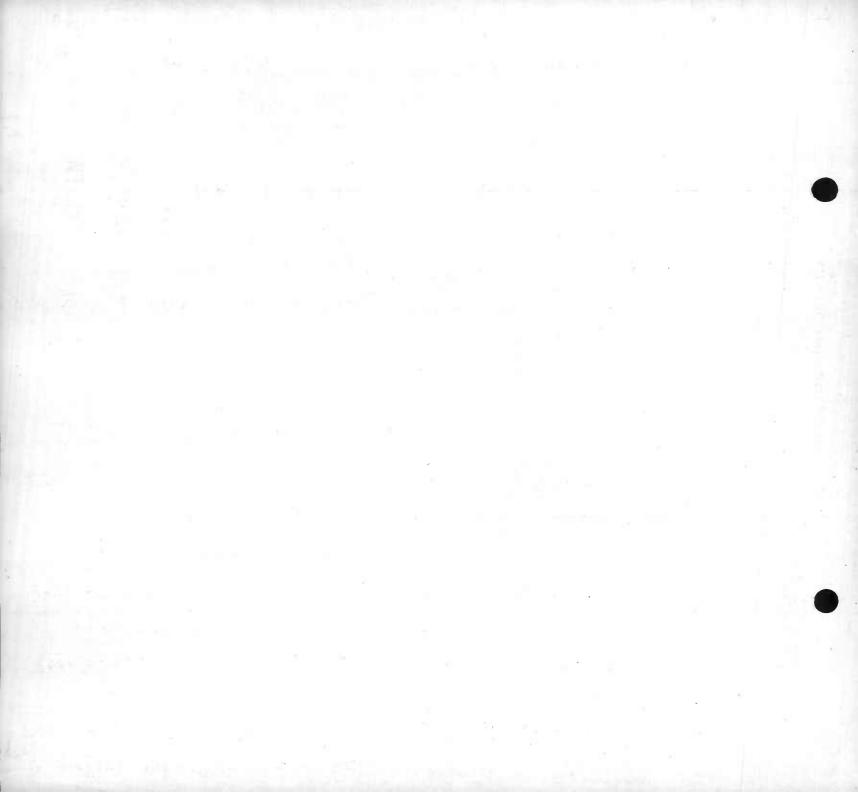
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



si	5-23-	Y HEALTH DEPARTMENT	
5	BIRTH NO.	ATE OF DEATH	_
. Such	1. NAME OF DECEASED THOMAS STOOTS	570075 2. DATE AND HOUR OF DEATH M	Μ.
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE B. COUNTY	n)
qe	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET AODRESS OR LOCATION)	MARYLAND BALTIMORE 5	
9	INSTITUTION BALTIMORE CITY HOSPITALS	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  NO	
rior.	4940 EASTERN AVE.	E. STREET AND NUMBER #21221	_
is made.	BALTIMORE, MARYLAND #21224	1612 DOOLITTLE RD. BALTIMORE, MARYLAND	_
eased pr is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  1 If Under 1 Yr. If Under 24 Hr. Months: Ooys Hours Min.	5.
2.5	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		RY?
disposition	done during most of working life, even if retired)  CRAIN OFERATOR	VIRGINIA U.S.A.	
osii	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
lisp	ROBERT	ELIZABETH BELL	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT 4940 EASTERN AVE. ADDRESS	
		BCH: RECORDS BALTIMORE, MARYLAND #21224	
5	18. CAUSE OF DEA' DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT	
med	LEADING TO DEATH	USE LYMPHOSARCOMA 1965	
baln	heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
E	injury or camplication which caused death.)  ANTECEDENT CAUSES	20 1 2 6	
re e	DISEASES OR CONDITIONS, if any, giving Due to, or A	onary monforcency 2° to A) 2 mbs	
ᄝ	rise to the above cause (A) stating the UNDERLYING CONDITION tast.	idomonas infection (wh	
	2,00,1 11		_
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	_
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Y ES	
	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg,, INJURY OCCUR? (If in Boltimore City, give exact location)	
	U	21F. HOW DID INJURY OCCUR?	_
	21D-TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED  OF INJURY (APPROX.) While At Not Work  Not Work	ile	
	22. I certify that (I) (this hospital) attended the deceased from		_
	that (I) (we) last saw the deceased alive an 12/21	19.68 and that in(my) (aur) apinian death accurred an the do	ite
ST D	and haur and fram the causes stated abave. (1) (We) (did) (did nat)	The state of the s	
2	23A. SIGNATURE	23B, DATE SIGNED	
	Momas Sulla DEGREE PH	ys. Director Phys.	mirwellh.
50000	THOMAS C. BUTLER	BALTIMORE CITT HOSPITALS #21224	)
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CI	77.7	_
	BURIAL 12/24/68 OAK LAW	N BALTO. MO	
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS	_
Written	DEC 24 1968 R. Centre E. Forkeyth	- J.B. CONNELLY SONS 300 MACE	=
	VS 150-REV. 1/1/68		





B	hospital and tuse of death (5); (5) Deceased dance on the condeath. Such
•	death occurred in a or contributing ca Undetermined cause is in regular attent deceased prior to sition is made.
IMPORTANT	Also, if the direct re of any kind; (4) (nounced death we attendance on the limed or final dispo
FUNERAL DIRECTOR: IMPORTANT	f medical examiner. medical examiner. y burns; (3) A fractu physician who pro ian was in regular e remains are emba
FUNE	pproved by the chie the hospital by a any nature; (2) Bod-(except where the ; and (6) No physic obtained before the
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		0 100	BALTIMORE CITY	HEALTH DEP	ARTMENT	1/	00 50010	
PIRTH NO	6	8-125	46CERTIFICA	TE OF D	EATH	REG. NO	68-12946	
I NAME OF	DECEASED							
(Type or Prin	" WILLIAM	-	REWER Sr.	46	12/2	0/68	1:10	P M
3. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RES	IDENCE (Where	deceosed lived. II	institution; residence before od	mission)
FULL NAM HOSPITAL C	E OF (IF NOT IN HOSPIT ORADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MD.	BA	LTIMORE	53-00	
INSTITUTION	THE JOHNSK	HOPKI	NS HOSPITAL	C. CITY OR TO		D. IN	SIDE CITY LIMITS?	
33	BALTIMORE,	MARYLA	ND 21205	ROSE			YES NO	
				1328	EVERIN	G AVE.		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BI	10	AGE (In years ost birthday)	Months Doys Hours	24 Hrs. Min.
MALE	WHITE	WIDOWED	DIVORCED _	12/22/	06	61		
toA, USUAL	OCCUPATION (Give kind of work ost of working life, even if retired)	ROAPOL	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN OF WHAT CO	DUNTRY?
cone coming in	Bus Driver	1000	Lines	Ma	nuland		U.S.A.	
13. FATHER'S		1	Dates	14. MOTHER'S	MAIDEN NAM	F	U.J.N.	
	HARRY BREW	ER			THA SCH			
15. Was Dec	eased Ever in U. S. Armed For known) (If yes, give wor or dote	ces?	16. SOCIAL	17. INFORMAN	T		ADDRESS	
No	and the second second	is or service.	215-05-2070	Toson	Brown	732 Anne	lift Road	
18, //	1911		CAUSE OF DEAT	josepi	c Diceber	732 Arnc	APPROXIMATE INT	TERV AL
4	ISEASE OR CONDITION DI	DECTIV	Oriote of Derill	•			BETWEEN ONSET AN	
	LEADING TO DEATH	KECILI		- 0 411	in his	Al The		
(This do	ses not meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU		E OF	rugun	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
heort lo	ilure, asthenio, etc. It means r camplication which caused	the disease,	201 10, OR 23	CONSEQUENC	E OF:	0		
1.11,017 01	ANTECEDENT CAUSES		·	0 -	- 0	iovascula	1.	
				rselvu	ic ara	correcula	Misan	
nise lo	ES OR CONDITIONS, if the above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUEN	CE OF:			
UNDER	LYING CONDITION last.	claiming into	(c)					
4.3	3.1 11				^			
O THER SI	GNIFICANT CONDITIONS CO	NTRIBUTING	GI Blu	1. 1	) duly	Mortuk	E	
A DISEASE	DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAR	HE TERMINAL	87 Jun	my 1	Minor	Carun	newysn	
OTHER SI TO THE DISEASE 19A. DAT	POP OPERATION 198 CON WAS PER	DITION FOR V	WHICH OPERATION		SY? (Yes or No)	208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21A. AC	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218	PLACE OF INJURY (e.g., in			IIf in Boltime	ore City, give exoct location)	
A DEATH I	TRIBUTING CAUSE OF control control	hom	ie, form, foctory, street, of	ice bldg., INJUR	Y OCCUR?	ps in oonsing	ore only, give exact localida;	
21D. TIM	E (Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. H	ULNI DID WO	RY OCCUR?		
€ (APPROX		Wh	ile At Not While					
22 1		Wo		0/10		16 7-		1-
	rtify that (I) (this hospital	*		417		68 to 17	V/20 19_	
1	(we) last sow the decease		12/20	19 68		in (my) (our) op	Inlon deoth occurred on t	he dote
	r ond from the causes stot	ed above. (I	) (We) (did) (did not) v	ew the body o	ofter death.			
23A. SIGI	NATURE A	11 /	1				23B, DATE SIGNED	c
	Myshun /	1.10	After Phys	nding \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ned. Sirector P	hoff 🔀	12/20/68	
23C.PHY	SICIAN'S STEPHEN	M. BF	NNETT M.D.	3D. ADDRESS				
	Myshum/	4.10	DEGREE	THE JOH	INS HOP	KINS HOS	PITAL	
24A. BURIAL REMOV	CREMATION, 248, DATE	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LO	CATION (C	City, town, or county) (S	Stote)
Burg	4	8 Cm	dens of Faith			Baltimore	Manuland	
25A, DATE R		25 NAME C	F REGISTRAK	POC. PUNER	AL DIRECTOR	7	ADDRESS	
	12000 B 2 1900	العاليات	D. W. Varyen	14.12	4/1	1 1211 (	hesaco Ave.	
VS 150-REV.	1/1/68			11			J. 3300 T. 117 C.	

53-25-95

5	-620	68	3-1294	17 BALTIMORE CIT			\/ arc No	00	400 AM
BIRT	H NO.	1,70	J. J.C.O.	CERTIFICA	TE OF I	DEATH	REG. NO	199-	-12947
	AME OF DECE	I CIE -	SERGIE	EON	-		TEMBER 21	1468	1035 P.
3. P	LACE IN BALT	IMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RE	SIDENCE (Whe		institution: re	sidence belore odmission
HO		(IF NOT IN HOSPIT ADDRESS OR LOC LTIMORE CITY 40 EASTERN A	HOSPITA	UTION, GIVE STREET	MARY c. CITY OR TO BALT		D. IN	SIDE CITY LIV	MITS?
0		LTIMORE, MAR		#21224	E. STREET AT				
-					515 S		RLYN AVE	3	#21221
5. SE	/emale	6. RACE White	WIDOWED	NEVER MARRIED DIVORCED	4-7-9		9. AGE (In years lost birthdoy)	If Under Months	Doys Hours Min.
		PATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTR				12. CITIZ	EN OF WHAT COUNTR
jone	HOMEMAN			-	WEST	VIRGINIA			U.S.A.
13. <b>F</b>	ATHER'S NAM				14. MOTHER	MAIDEN NA			
		XXX B	enjamin	E. Whitney		XXXXXX	A Fannie Ve	rna Pa	rk
(Yes,	vas Deceased no or unknown)	Ever in U. S. Armed Fo	rces? es ol service)	16. SOCIAL SECURITY NO.	17. INFORMAL RECORDS	BALTI	MORE CITY	HOSPITA	ADDRESS
	18. // 2 /	9		CAUSE OF DEAT		• 4940	EASTERN AV		APPROXIMATE INTERVAL
	(This does not heart failure, injury or came)  A  DISEASES Orise to the	LEADING TO DEATH of meon the mode of osthenia, etc. If means plicotion which coused NATECEDENT CAUSES  R CONDITIONS, if obave cause (A) CONDITION lost.	the disease, deoth.)	(8)			MEUMON MBOLUS	<i>A</i>	4 hours
ATIC	TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO T ONDITION GIVEN IN PAI	HE TERMINAL RT I (A). IDITION FOR V	WHICH OPERATION	ASCV D	PSY? (Yes or N	20B, IF YES, WERI	E FINDINGS AUSES OF D	YEHRS CONSIDERED DEATH?
0	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY le.g., e, form, factory, street, c	in or about 21 C. Iffice bldg., INJL	WHERE DID	(If in Soltim	are City, give	e exoct locotion
MEDI	21 D. TIME OF INJURY (APPROX.)	Month   Doy) (Year)		INJURY OCCURRED  Ile At  Not Whith At Work	le 🗂	HOW DID IN.	URY OCCUR?		
1	that (I) (we) and hour and 23A. SIGNATUI	RE My Shirty	ed alive an	12/21/68 ) (We) (did) (did nat)	19	and th			h occurred an the do
	NAME (Ty	JOSEPH KAF		M.D. DEGREE	BALTIM	ORE CITY		12.1	EASTERN AVE
24A.	REMOVAL (S		24C. NA	AME of CEMETERY of CR	EMATORY	24D. L	OCATION	City, town, a	r county) (Stote)
	Buria			L CEMETERY				WEST V	IRGINIA
	50-REV. 1/1/6	EC 24 1968	PLKET	E Gallyna	DODD	& HURT	FUNERAL HOM	E 155	Address McGraw Avenue



IMPORTANT

DIRECTOR:

FUNERAL



VS 151-REV. 1/1/6B

18	3-1294	Q.	
パし	) 上心しせ	U	BALTIMORE CITY HEALTH

MEDICAL EXAMINER'S C	00 10040
1. NAME OF DECEASED (Type or Print)	2. DATE Known 🛣 Month Day Year Hour
SUSAN E SLACK	DEATH Estimated 12 19 68 10:04 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OF THE ATTOMATION OF THE PROPERTY OF THE ATTOMATION OF THE PROPERTY OF THE PROPERT	PRONOUNCED DEAD  December 19, 1968 10:04 M
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
Sinai Hospital	Maryland 7-0/
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Balto. YES NO 🗆
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER Kimble Road
18 July 1943 25	KENXXKKX XXXXXXXXXXXXX
Philadelphia, Penna  12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Earl V. Slack
14A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
Medical Secretary Hospital	Cecilia Doyle
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give war ar dotes af service)	18. INFORMANT . ADDRESS
(Yes, no or unknown) (If yes, give war ar dotes af service) 166EGY8177237	Earl V. Slack R D #3 Box 280, Aberdeen, Md
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING DR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)  1 16 68 ? m. WHILE AT WORK  1 certify that I held an Inquiry Inspection At WORK  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  Proceedings of the control of	Seton Institute ??  22F. HOW DID INJURY OCCUR?  Subject took overdose  apsy and that an this basis, death in my opinion  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12/20/68  ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 24 Dec 68 Post Cemetery 25A. DATE RECOBY HEALTH DEPT. 25B. NAME OF REGISTRAR	Aberdeen Proving Ground, Maryland 25C. FUNERAL DIRECTOR ADDRESS
Oct 24 1908 (Colours & Statistical )	2 Smith Starge, Tarring Funeral Home Aberdeen, Maryland

CERTIFICATION SERVICES

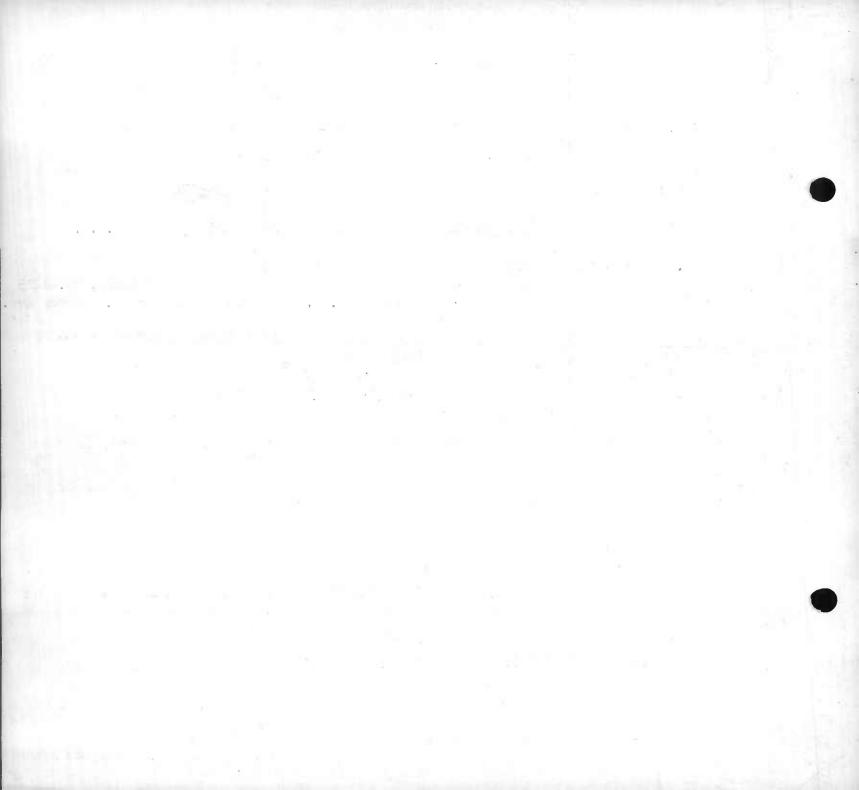
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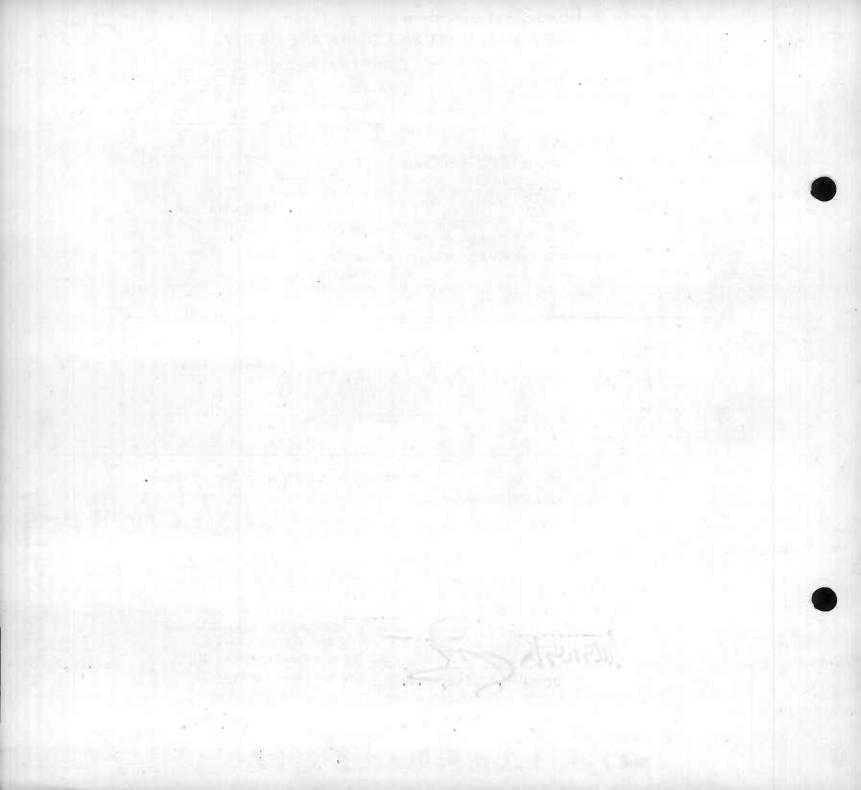
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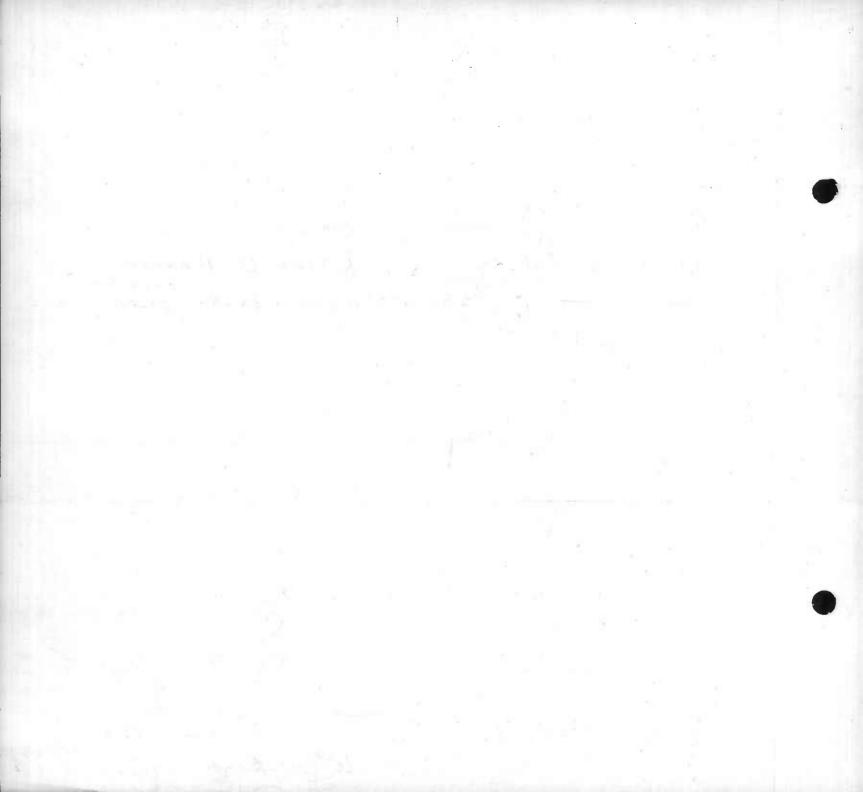
VS 150-REV. 1/1/6B



6	8	Perhaps.	-0	2	Q	5	1	
13	~		willing	-	U	U	1	

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	)_L
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour	
(Type or Print) Bertha E. Clemens	2. DATE Known LX Month Doy Yeor Hour OF DEATH Estimoted   12 22 1968   12:33	AM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 22 1968 12:33	IVI.
42 Sinan Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmiss A. STATE Maryland B. COUNTY	ion)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	7
F C. WIDOWED DIVORCED	Baltimore YES X NO [	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdox) 49 Months, Doys, Hours, Min.		
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
N.C.		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired) COOK	Emily McClease	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
19 not 8 cause of DEA	ATH APPROXIMATE INT	
DISEASE OF CONDITION DIPECTLY	his? manuanis	
(A)IMMEDIATE		
heort foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	tensive cardiovascular disease.	
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or	No)
0,	Partial Aut	
	, in or about 22C. WHERE DID (If in Baltimare City, give exact location)	- I- mg
UTING CAUSE OF DEATH.	ice bldg., etc.) INJURY OCCUR?	
	T WHILE [7]	
m. WORK	work     artial	
^ ·	ond that on this basis, death in my opinion	
resulted from: Notural causes Accident Suici	de Homicide Undetermined manner	
lues of the	CHIEF MEDICAL EXAMINER	
ACTUAL MUNICIPALITY	ASSISTANT MEDICAL EXAMINER X	
SIGNATURE M.I	Dec.22,1	,900
EXAMINER'S Werner D. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y ar CREMATORY 24D. LOCATION (City, town, or county) (State	e)
Rurial 12/26/68 Mt. Auburn	n Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
DEO 9 A 1964 D 02 440 E 1 1 1 10	2 0 Wainwright 2700 Edmondson Av	





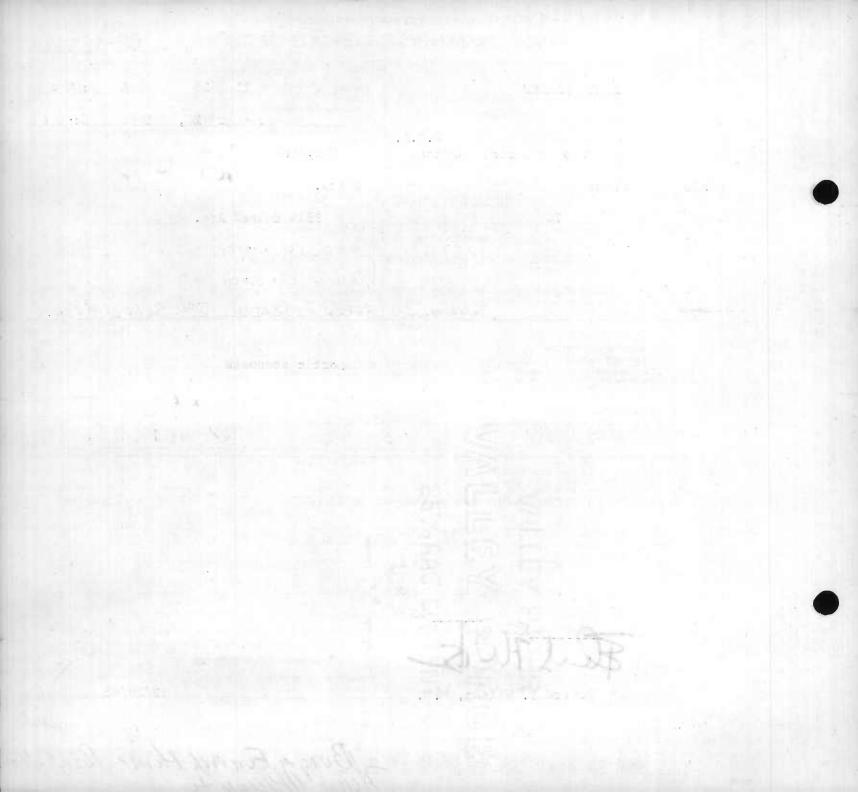
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VS 151-REV. 1/1/68

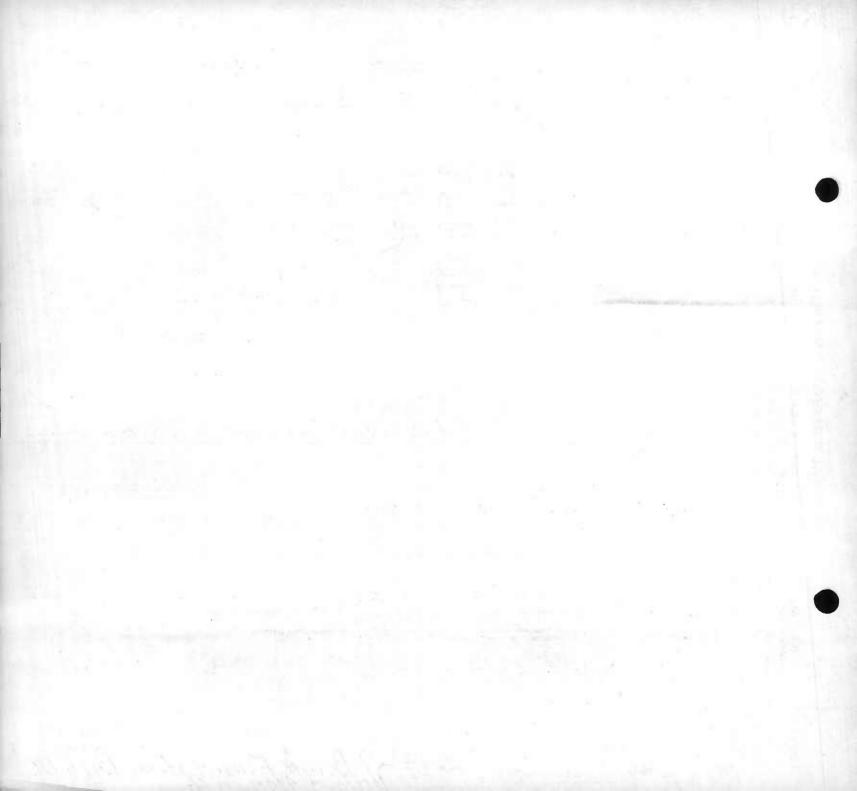
68-12953 BALTIMORE CITY HEALTH DEPARTMENT

- mm - 42 Ca (					
MEDICAL	FXA	MINER'S	CERTIFICATE	OF DEATI	H

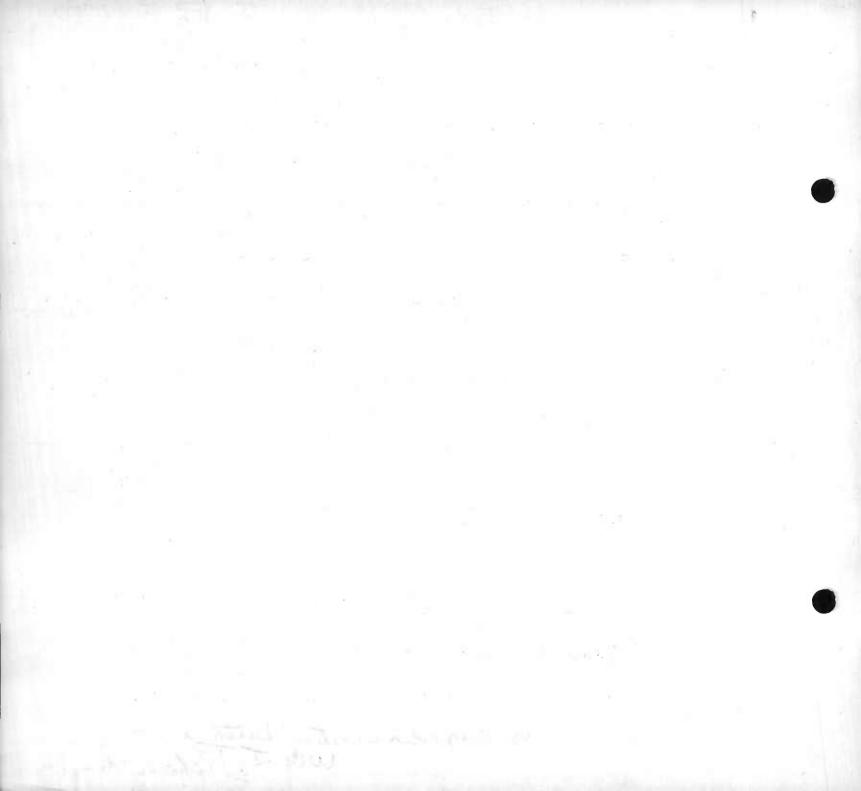
BIRTH NO.	RS CERTIFICATE OF DEATH REG. NO.
NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print)	OF 5-15-15-15 10 00 60 50 60 00 0
HARRY BARNES  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	December 20, 1968 6:00 a M.  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
D.0	A. STATE  B. COUNTY
Union Memorial Hospita	1 Maryland /
6. SEX 7. RACE 8. MARRIED NEVER MARR	C. CITY OR TOWN
Male white WIDOWED DIVOR	CED Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under	24 Hrs. E. STREET AND NUMBER
Sept 8, 1884 lost birthdoy) Months, Doys Hours	3514 Roland Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
MHAT COUNTRY	
	George W. DATNES
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INdone during most of working life, even if retired)	
CARPENTER	FANNIE KLAUSMAN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY I	18. INFORMANT ADDRESS
	310 Linds L. Barnes 3514 Roland Avenue
19. CAUSE	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
373.11	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMM	EDIATE CAUSE Aortic stenosis
heart failure, asthenia, etc. It means the disease,	TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING	TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z GINDERLYING CONDITION EAST. (C)	
F 421.1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OF THE RISIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA	TION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	No.
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.  22B. PLACE OF INJU home, lorm, foctory, st lorg ☐ CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCC	JRY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, lorm, foctory, st	reet, office bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC	CURRED 22F. HOW DID INJURY OCCUR?
OF INJURY	NOT WHILE [7]
(APPROX.)	AT WORK
23.	
I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death in my apinian
resulted from: Natural causes XX Accident	Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER  DATE SIGNED
ACTUAL TO THE TOTAL TOTA	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE	M.D.
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 12/20/68
NAME (Type) Edward F. Wilson, M.D.  24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CE	METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Buriol Dec 23, 1968 5000 St	sepheral Cemetery Howard County, Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAL	R 25C FUNERAL DIRECTOR ADDRESS
THE RESIDENCE OF A KORE OF	1 00 0 1/5 100 a for and 1/4 1/1



	CO 4005 A BALTIMORE CI	TY HEALTH DEPARTMENT		00 40054
BIRTH NO.	68-12954 CERTIFIC	ATE OF DEATH	REG. NO	68-12954
NAME OF DECEASED	te, Inna	2 DATE AND	HOUR OF DEATH	440 A.M.
3. PLACE IN BALTIMORE, MARYLAN	O, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where A. STATE B. CDUNT	deceased lived. If in	stitutian: residence befare admission)
ULL NAME OF (IF NOT IN HO OSPITAL DR ADDRESS DR I STITUTION	SPITAL OR INSTITUTION, GIVE STREET OCATION)	C. CITY OR TOWN	BALTIMOF D. INSI	IDE CITY LIMITS?
THE JOHNS HOPE	KINS HOSP (TAL	BALTIMORE E. STREET AND NUMBER	15	NO NO
SEX 6. RACE	17		AVENUE AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	7. MARRIED NEVER MARRIED DIVORCED DIVORCED Wark 108, KIND OF BUSINESS OR INDUST		st birthday)	Manths Days Haurs Min.
dane during mast of working life, even if reti		Marylowd	n cauntrý)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
HARRY MCLAUG Was Deceased Ever in U. S. Armees,na ar unknawn) (III yes, give war ar		17. INFORMANT	LAUGHLIN	ADDRESS
No.	SECORITI NO.	EARL W. Robert	ts 1348 6	Veldon Avenue
1B. 2) 4	CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WHICH OPERATION PERFORMED	ntel intracciela as a consequence of: seert Gremo  20A. AUTOPSY? (Yes ar No)	otobe aa	
O 21A. ACCIDENT WAS UNDERLY!	AG   218. PLACE OF INJURY (e., hame, farm, factory, street, etc.)	affice bldg., in JURY OCCUR?	(If in Baltimar	e City, give exact lacation)
21D. TIME (Manth) (Day) (1) OF INJURY (APPROX.)		21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this has	pital) attended the deceased from		68 to 21	DC 1968
that (I) (we) lost sow the dec	eosed olive on 21 Dec		in(my) (our) opi	nion deoth occurred on the dote
	stoted obove. (1) (We) (did) (dld not	) view the body ofter deoth.		
23A. SIGNATURE	t Jelsona DEGREE		taff hys.	238. DATE SIGNED
236. PHYSICIAN'S NAME (Type) LAWRENCE F. JI	ELSMA DEG	23D. ADDRESS  THE JOHNS HO	OPKINS HO	SPITAL
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	E 24C. NAME of CEMETERY OF			o, Maryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	10 100/1/	DDDRESS MI
/s 150-REV. 1/1/6B	There are a second	Natur Albu	4112110	102/10/11/11



BALTIMORE CITY HEALTH DEPARTMENT



0. 49050	BALTIMORE	CITY
8-12956	CEDTIE	CA

HEALTH DEPARTMENT

REG. NO.	68-12956

LACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A USUAL RESI	12/22/68	18:45 A
	A USUAL RESI		
	A. STATE	B. COUNTY	institution: residence before admission
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		YLAND	53-00
SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOV	VN D. IN	NSIDE CITY LIMITS?
ST. AGNES HOSPITAL	BALT	TIMORE	YES NO
WILKENS & CATON AVES.	E. STREET AND	NUMBER	
	630	CRAIGNONT ROA	4D
BALTO MD 21229	B. DATE OF BIR	7. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr.
F WIDOWED DIVORCED	1 1 0/ 0//	/98 70	
USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTED during most of working life, even if retired)	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTR
NONE	MARYL	AND	USA
ATHER'S NAME	14. MOTHER'S	MAIDEN NAME	
HENRY GRADY	LENA	(RICHARDS)	
Vas Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	ST ACE	VES HOSP, CATON	
			APPROXIMATE INTERVAL
CAUSE OF DEA	ATH BALTO	), MD 21229	BETWEEN ONSET AND DEA
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(LAPMI)	0.	
(A) IMMEDIATE C		<u></u>	
heart failure, asthenia, etc. It means the diseose,	S A CONSEQUENCE	OF:	
injury at complication which caused death.)		٨	
ANTECEDENT CAUSES	once reno	al desease	
Districts, it only, giving	AS A CONSEQUENC	E OF:	
rise to the above couse (A) stating the UNDERLYING CONDITION lost, (C)			
		betresten aue	Ja
5 9 8 X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	+ 1	tetrition are adherias of die	0 0
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	merina	fadherias of dia	whetre "
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20B. IF YES, WER	
WAS PERFORMED	YE	S IN CERTIFYING C	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	, in ar obout 21 C. W	HERE DID (If in Boltim	nore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJUR	OCCUR?	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED	215 14	OW DID INJURY OCCUR?	
OF INJURY		OW DID INJORT OCCOR:	
(APPROX.)			
22. I certify that M) (this haspital) attended the deceosed from	12/21/68	319ta	12/22/68 19
that (1) (we) last sow the deceased alive on 12/22/68			pinion deoth occurred on the de
ond hour ond from the couses stoted obove. (L) (We) (did) (did net)	, view the body o	riter deotn.	238, DATE SIGNED
1 100 201	Attending M	led. Shaff	
GEGREE PI	hys. D	irector Phys.	12/22/68
23O-PHYSICIAN'S NAME (Type)	23D. ADDRESS	NES HOSPITAL	
JAIME V. DEL PILAR M.D. GEGRI	-01=01	S MILKENC VAL	BALTO MD 21220
BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of C		240. LOCATION	(City, town, or county) (Stote)
REIVIN Y AL 13DECTIVI	.17 0	Baltimore.	MA .
urial 12/27/68 Baltimore Nat	t.T cem-	DST CTITOLS	FILL .
	25% FUNER		ADDRESS

with durance round desirate al soul meterotype padent which househours of declare The state of the s

CQ_490	BALTIMORE CIT	Y HEALTH DEPARTMEN	NT .	68-12957
BIRTH NO. 68-129	CERTIFICA	TE OF DEAT	H Registered No	00 10001
I. NAME OF DECEASED	7 '	2. DA	TE AND HOUR OF DEATH	2 (1)
(Type or Print) MRS. Mamie &	4415	1.	2-22-68	19 - PN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			(Where deceased lived, If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion ava street	Maryland.	/	170
HOSPITAL OR oddress or location)			(If outside city limits, write R	URAL and give township)
Bon Secours Ho	spital	BALTIN	DORE.	
211	3	D. STREET ADDRESS	(If rurol, give tocotion)	
27		3034 V	V. NORTH-A	VE, 21216.
5. SEX 6. RACE 7. MARE	NED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	RRIED	8-6-188	9 tost birthday URS	7.00
10A. USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		Maryl	and	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		U 3/T,
Fre 11/ N. V		1 un K		
PRANK DAMKA		Luch y	naw.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	17. INFORMANT	01	ADDRESS
		1/1R K. 1	Rudis-3034	- W. North ANE Da,
18. 1 7 24 4	CAUSE	F DEATH	4	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			1. —	ONSET AND DEATH
LEADING TO DEATH	(A)	-ordio Tu	spiratory.	ya urre
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise	qse.			
injuly ar camplication which caused death.)	TE	RMINAL CAR	el Noma = B	REPST - TH
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, gir	ving ME	STASTASIS T	O LUNG + H'	TOROTHORAX
rise to the above cause (A) slaling UNDERLYING CONDITION last.	ine (C)		18 = = = = #4# a = a## ##### ## # a a a a a a a a a a	
170× 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE F	INDINGS CONSIDERED
		No.		
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, form, factory, street,	in or obout 21 C. WHERE D	OID (If in Baltimore	City, give exact location)
DEATH (notily medical examiner)	etc.)			
	21E, INJURY OCCURRED	21 F. HOW DII	D INJURY OCCUR?	
OF INJURY (APPROX.)	While At Work Not Whi			
22 1			19 68 to 12	. 22. 1968
22. I certify that (I) (this hospital) attend	10 00			
that (I) (we) lost saw the deceased alive	VII +			nion deoth occurred on the dot
ond hour and fram the causes stated abov	e. (1) (We) ( <u>did</u> ) (did not)	view the bady ofter de	oth.	
23A. SIGNATURE		Adad .	- 5.4	23B, DATE SIGNED
U. Jangerie	M.D. Att	rs. Med. Director	Stoff Phys.	12.22.68
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
U. SANGKUM	M.D.	B 51	4.	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 2	4D. LOCATION (Cit	y, town, or county) (State)
Burial 12/26/68	Loudon Park	emetery	Baltimore, N	1d.
	ME OF REGISTRAR			
	of E tarbuta	Witzke	4101 Edmor	idson Ave. 2122
VS 150-REV. 1/1/65	2.0.00	Acres of tea	1 2	
7 3 1 39 - NE 7 1 1/ 1/ U 3				



68-12958

## 68-12958 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

1 NAME OF DECEASED		
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) PAUL HUCK	OF DEATH Estimoted X	
	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DDONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	December 22	741
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institu	
3510 Lyndale Avenue	A. STATE B. COUNT Maryland	
		CITY MMITS?
MISKRIED   IVEVER MAKKIED	o. citt ok to tit	
male white WIDOWED DIVORCED W	Baltimore	YES NO
	E. STREET AND NUMBER	
APR 22 1895   lost birthdoy)   Months Doys Hours Min.	3510 Lyndale Avenue	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
TANKAT COLINITATO	UNK	
RUSSIA IST PAPERS		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)  TAILOR  CLOTHING	UNK	
//5/		ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor ar dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
NO - 215-03-4607	LILLIAN KARPOOK 1670 F	ORREST PARK AUG
19. CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
C 1991Y		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hanging		
(A)IMMEDIATE CA		
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	,	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
0 1		
		Yes
Z2A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., i	in or obout 22C. WHERE DID (If in Boltimore City, give	
U LINDERLYING TOP CONTRIB. home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give bldg., etc.) INJURY OCCUR?  3510 Lyndale Avenue	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK m. WORK NOT NOT WORK	22F. HOW DID INJURY OCCUR?	
UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH.    UTING CAUSE OF DEATH.   home   home, form, foctory, street, office   home	3510 Lyndale Avenue 22F. HOW DID INJURY OCCUR? subj. humg himself	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 12/21/68 UNK m. WORK NOT WORK  23.	22F. HOW DID INJURY OCCUR?	exact location)
UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK M. WORK NOT NOT WORK 23.  I certify that I held on Inquiry Inspection Automatical Aut	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR? subj. humg himself  opsy (X) and that an this basis, deoth in a	exoct locotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 12/21/68 UNK m. WORK NOT WORK  23.	3510 Lyndale Avenue    22F. HOW DID INJURY OCCUR?	exoct locotion)
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK m. WORK NOT NOT WORK 1. Inspection Authorised Accident Suicide.	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR?  subj. humg himself  opsy X and that an this basis, deoth in a  EX Homicide Undetermined monner  CHIEF MEDICAL EXAMINER	exact location)
UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED WHILE AT WORK AT WORK  23.  I certify that I held on Inquiry Inspection Authorised Actual  ACTUAL	and that an this basis, deoth in the EX Homicide Undetermined monner CHIEF MEDICAL EXAMINER X	my opinion  DATE SIGNED
UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK m. WORK NOT NOT NOT YEAR OF THE PROPERTY OF THE PROPE	and that an this basis, deoth in the EX Homicide Undetermined monner CHIEF MEDICAL EXAMINER X	my opinion
UNDERLYING TO CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK M. WORK NOT NOT WORK AT WORK A	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR?  subj. humg himself  opsy  and that an this basis, deoth in the subject of the	my opinion  DATE SIGNED
UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK m. WORK NOT NOT NOT YOUR TESUITED OF INJURY CAPPROX.)  1 certify that I held on Inquiry Inspection Autorised of Injury Capprox Notural couses Accident Suicide SIGNATURE SIGNATURE EXAMINER'S NAME (Type)  WHILE AT WORK NOT NOT YOUR DORSES ACCIDENT OF THE PROPERTY	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR?  subj. humg himself  opsy  and that an this basis, deoth in a  EX Homicide  Undetermined monne  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	exoct locotion)  my opinion  pr   DATE SIGNED  12/23/68
UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 12/21/68 UNK M. WORK NOT	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR?  subj. humg humself  opsy X and that an this basis, deoth in a  EX Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  24D. LOCATION (City, 1)	DATE SIGNED 12/23/68
UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK M.WORK INTO AT WORK AT	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR?  subj. humg himself  opsy  and that an this basis, deoth in a  EX Homicide  Undetermined monne  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  24D. LOCATION (City, to the content of	DATE SIGNED 12/23/68
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK M.WORK INTO AT WORK AT	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR? subj. humg himself  opsy  and that an this basis, deoth in a e  Homicide  Undetermined monne CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  OF CREMATORY  24D. LOCATION (City, 1)  ELKRIDG	DATE SIGNED 12/23/68  own, or county)  (State)
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK M.WORK INTO AT WORK AT	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR? subj. humg himself  opsy  and that an this basis, deoth in a e  Homicide  Undetermined monne CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  OF CREMATORY  24D. LOCATION (City, 1)  ELKRIDG	DATE SIGNED 12/23/68  own, or county)  (State)
UNDERLYING TO CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK work Not Work AT work of CEMEJERY CAUSE (Specify)  1 Certify that I held on Inquiry Inspection Autorised Accident Suicide M.D.  23.  1 Certify that I held on Inquiry Inspection Autorised M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMEJERY CREMOVAL (Specify)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMEJERY CREMOVAL (Specify)  24B. DEC 27 1968 HOLY TRINI	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR? subj. humg himself  opsy  and that an this basis, deoth in a e  Homicide  Undetermined monne CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  OF CREMATORY  24D. LOCATION (City, 1)  ELKRIDG	DATE SIGNED 12/23/68  own, or county)  (State)
UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12/21/68 UNK m. WORK AT WORK  1 certify that I held on Inquiry Inspection Autorised Accident Suicide  ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMEJERY CREMOVAL (Specify)	3510 Lyndale Avenue  22F. HOW DID INJURY OCCUR? subj. humg himself  opsy  and that an this basis, deoth in a e  Homicide  Undetermined monne CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  OF CREMATORY  24D. LOCATION  (City, 1)	DATE SIGNED 12/23/68  own, or county)  (State)

Nº 8 23 18 13 LIST PAPERS SACOTE LLOTE HELDEN ACCESSOR SERVED FOR STATE POLICE IN THE BURNA DEC 37 PRAS HOLY TRANSFE (PO) ELEKTOREE

VS 150-REV. 1/1/68



VS 1S0-REV. 1/1/6B

RESPIRATION ARREST

PREDMEDIA + HYPDKIA

PREDMODECAL PAIR WORKER

SEVERE DERYDRATION

CON F

19 PEC 250 PEC 250

degrown Leve , mo

× Dec 27, 1918

46030

was D.O.A.

23A. SIGNATU

23C. PHYSICIAN'S NAME Wypel

VS 150-REV. 1/1/68

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Such

prior to death. attendance cause

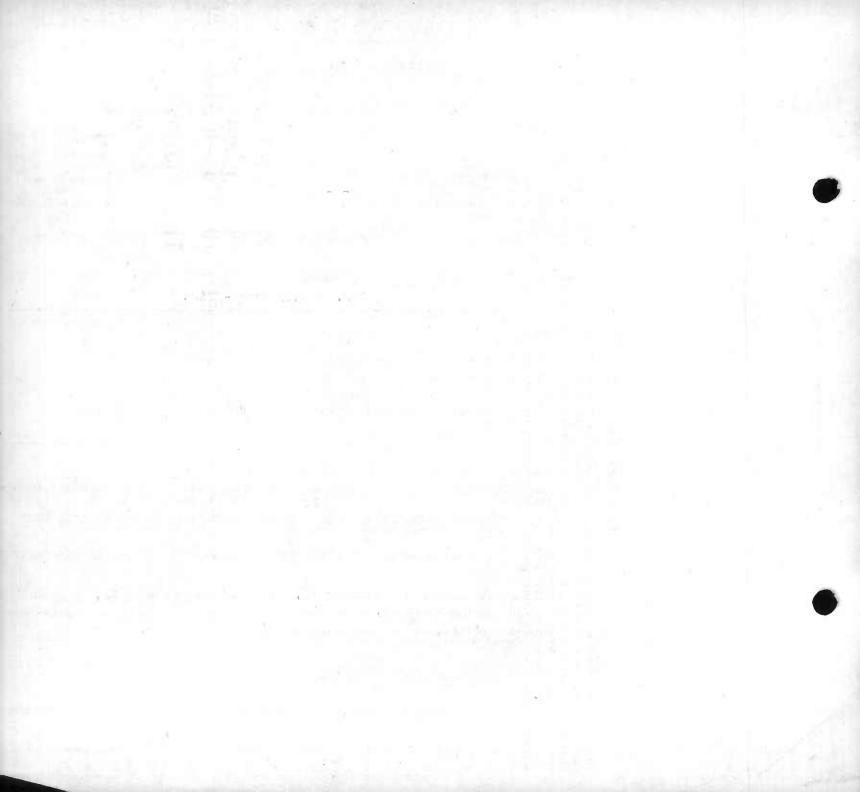
on the of death

cause; (5) Deceased

a hospital

		00	4000	BALTIMORE CITY	HEALTH DEPARTMENT		68-12004
		68.	-1296	CERTIFICA	TE OF DEATH	REG. NO.	00-15301
	TH NO.			CLKTITICA			
	AME OF DECEA	//	0		2. DATE AN	D HOUR OF DEATH	1.25
Typ	e at rillio	Walter 1	STOWN	1 Walter	Brown /2	123166	1:30 a
3. F	LACE IN BALTIA	AORE, MARYLAND, W	HERE PRONOU				stitution: residence before odmission
					A. STATE B. COUN	11	1//
FUI	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	THON, GIVE STREET			
NS	TITUTION	ADDRESS ON LOCA	(IIOIV)		C. CITY OR TOWN	D. INS	DE CITY LIMITS?
3	7				Baltino	16	YES NO!
	0 - 1	/ :/	, /		E. STREET AND NUMBER	11	
1	Frouder	nt 6031	ortal		1948 Bennett	01	
5. S	EX   6.	RACE	7. MAPPIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
	1 1	A /		±	9-4-00	lost birthday)	Manths Days Hours Min.
4.1	10	/0	WIDOWED	DIVORCED		( )	12. CITIZEN OF WHAT COUNTE
		rking/life, even if retired)	IOB. KIND OF	BOSINESS OK INDOSIKI	11. BIRTHPLACE (State or forei	gn country)	12. CHIZEN OF WHAT COUNT
	1026	Shorthuh			NINTH CAR	Malan	1.51
3.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	AE	, , , ,
		ver in U. S. Armed Ford f yes, give wor or dote:		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
162	, na or unknown) (i	r yes, give wor or dole	s of service	SECURITI NO.	Mrs. Beanie Bro	wn- Wife	SAME
							APPROXIMATE INTERVAL
	1B. 4 2	3 1		CAUSE OF DEAT	н		BETWEEN ONSET AND DEAT
		OR CONDITION DIR	RECTLY		0	Fela	
		ADING TO DEATH		(A) IMMEDIATE CA	USE PUlmonary	Edema	plus
		mean the mode of sthenio, etc. II means		DUE TO, OR AS	A CONSEQUENCE OF:		
		icolion which caused			/ /	/ /	
		TECEDENT CAUSES		AL	is a locate	Maria D.	- Lana
				(B) - TT	CFC00CIC TURE	reur Li	ego
		above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		/
		CONDITION last.	storing the	(c)			
		••		\(\(\alpha\)			
z	420.0		170,01,71,10		11/	/ /	
ATIO		ANT CONDITIONS COL BUT NOT RELATED TO TH		erin	ary tract 168	Justus	an
	DISEASE OR COL	UDITION GIVEN IN PAR	T 1 (A).			1 200 te wee weer	SINDINGS CONSIDERS
CERTIFIC	19A. DATE OF C	PERATION 198. CON	FORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	0						
ū	21 A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Baltimor	re City, give exact lacation)
AL	DEATH (notify m		etc.)		and say, in our ocok.		
200	210 7145	Month) (Day) (V-cs)	(Haur) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	HRY OCCILE?	
MEDI	OF INJURY	Manth) (Doy) (Year)				OKI OCCOR:	
<	(APPROX.)		Whi	le At Not Whi	'e 🔲		

December 23, 19 68 ond that in (my) (our) opinion death occurred an the date that (1) (we) lost sow the deceased alive on and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23B. DATE SIGNED Med. Director Staff Phys. Attending Phys. 23D. ADDRESS DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) (City, town, or county) FUNERAL DIRECTOR Man, Park ADDRESS



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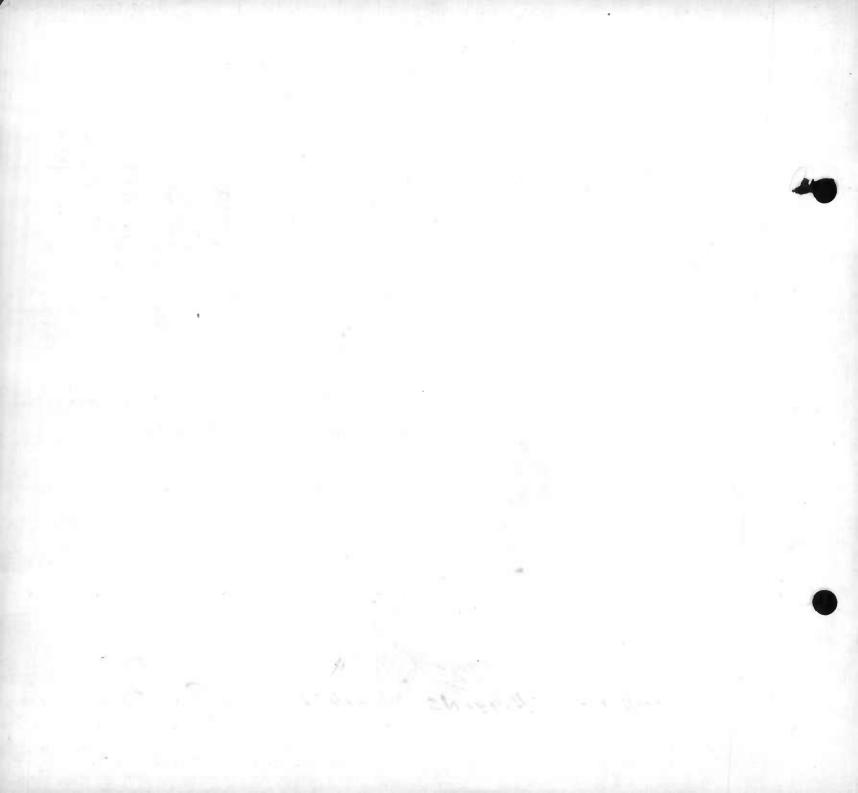
BALTIMORE CITY HEALTH DEPARTMENT

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(Тур	AME OF DEC		LLIE BO	OYD		The displacement of the same o	DEC. 23		ТН		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admiss A. STATE B. COUNTY MARYLAND					doub.	
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TO	VN	D. II	NSIDE CITY	LIMITS?	-			
40		LUTHE	RAN HOS	SPITAL	(DOA)	BALTI			YESX	NO	
G	5					E. STREET AND					
5. SI	EY	6. RACE	17	·		8. DATE OF BIR	PRESSTMAN	STREET AGE (In years	If IIn	der 1 Yr., If	Under 24 H
	ALE	COLORE		WIDOWED	X NEVER MARRIED DIVORCED	11122	lost	birthdoy)	Month	s Doys Ho	urs Min.
					F BUSINESS OR INDUSTR	APRIL 25	(Stote ar fareign	80 country)	12. CI	TIZEN OF WE	AT COUNT
	during most of v		n if retired)			MARYLAI	ND		U.	S.A.	
13. F	ATHER'S NAM	A E				14. MOTHER'S	MAIDEN NAME				34,10
j	JAMES BO	YD				PHOEB	E THORNTO	N			
5. V Yes	Vos Deceosed , no or unknown)	Ever in U. S.	Armed Force	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	10	, , g			215-10-2981	HATTIE	BOYD - 3	029 PRES	STMAN	ST.	
	heart failure, injury or com	plication which	, It means t ch caused d	he disease,		S A CONSEQUENCE	OF	· ()	C. 7	<b>b</b> .	160
CATION	DISEASES OF CONTROL OF THE SIGNIFT TO THE DEATI	ostheria, etc. plication white ANTECEDENT R CONDITION Obove co CONDITION  (CANT CONDITION H BUT NOT REI DONDITION GIV	. It means the caused do reason of CAUSES ONS, if arouse (A) s N last. TIONS CON' LATED TO THE (FEN IN PART) 1198. COND'	he disease, Jeoth.)  ny, giving stoting the TRIBUTING E TERMINAL 1 (A).	(8) DUE TO, OR AS	Thoupings a consequence	FOR CAR	is Ucoc	e Finding	Dissource Consider	z /46;
ERTIFICATION	DISEASES Orise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO.	ostheria, etc. plication white ANTECEDENT R CONDITION Obove co CONDITION  CANTONOTE H BUT NOT REI DNDITION GIV	. It means the chicaused difference caused diffe	ny, giving stoting the TRIBUTING ETERMINAL 1 (A).	(8) DUE TO, OR AS	20A. AUTOP:	Torde  To	N CERTIFYING	CAUSES OF	F DEATH?	
AL CERTIFICATION	DISEASES OF CONTROL OF THE SIGNIFT TO THE DEATI	osthenia, etc. plication which  ANTECEDENT  R CONDITION  CONDITION  CANT CONDITION  H BUT NOT REI  OPERATION  IT WAS UND  TING CAU	It meons the caused of CAUSES  ONS, if arouse (A) so lost.  TIONS CON'LATED TO THE CEN IN PART  198. CONDINAS PERFORMAN PERFOR	he disease, Jeoth.)  ny, giving stoting the TRIBUTING E TERMINAL 1 (A).  TITON FOR TRIBUTION FOR TRI	(8) DUE TO, OR AS  (8) DUE TO, OR AS  (C)	20 A. AUTOP:	E OF:  WY? (Yes or No) 2  III  HERE DID	N CERTIFYING	CAUSES OF	S CONSIDER DEATH?	
MEDICAL CERTIFICATION	DISEASES OF THE DESTA OF CONTRIBU	osthenia, etc. plication which  ANTECEDENT  R CONDITION  CONDITION  CANT CONDITION  H BUT NOT REI  OPERATION  IT WAS UND  TING CAU	It means the course of caused of CAUSES ONS, if are puse (A) s N lost.  IIONS CON' LATED TO THE VEN IN PART 19B. CONDI WAS PERFO  ERLYING SE OF	ny, giving stoting the TRIBUTING ETERMINAL 1 (A). THOUR 21E han etc.	WHICH OPERATION  3. PLACE OF INJURY (e.g., ne, form, factory, street,)  INJURY OCCURRED Not White At Not Wh	20A. AUTOP:	E OF:  WY? (Yes or No) 2  III  HERE DID	(If in Baltin	CAUSES OF	F DEATH?	
MEDICAL CERTIFICATION	DISEASES Orise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR COTTON OR CONTRIBUTED THE DEAT TO THE DEATH Inotify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	ostheria, etc. plication white ANTECEDENT R CONDITION Obove co CONDITION CANTCONDITION OPERATION  IT WAS UND TING CAU medical exam (Month) (Da that (1) (this lost sow the fram the co	It means the chicaused deficiency of the caused deficiency of the cause	ny, giving stoting the TRIBUTING ETERMINAL 1 (A).  THOUR 21E ham etc.  IHour 21E www.  attended to olive on	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, factory, street, mile at a line of the deceased fram the deceased f	20A. AUTOP:  20A. AUTOP:  21F. H	HERE DID OCCUR?	(If in 8alting of OCCUR?  to	mare City, g	23- eath occurre  ATE SIGNED  - 23-	19 Z

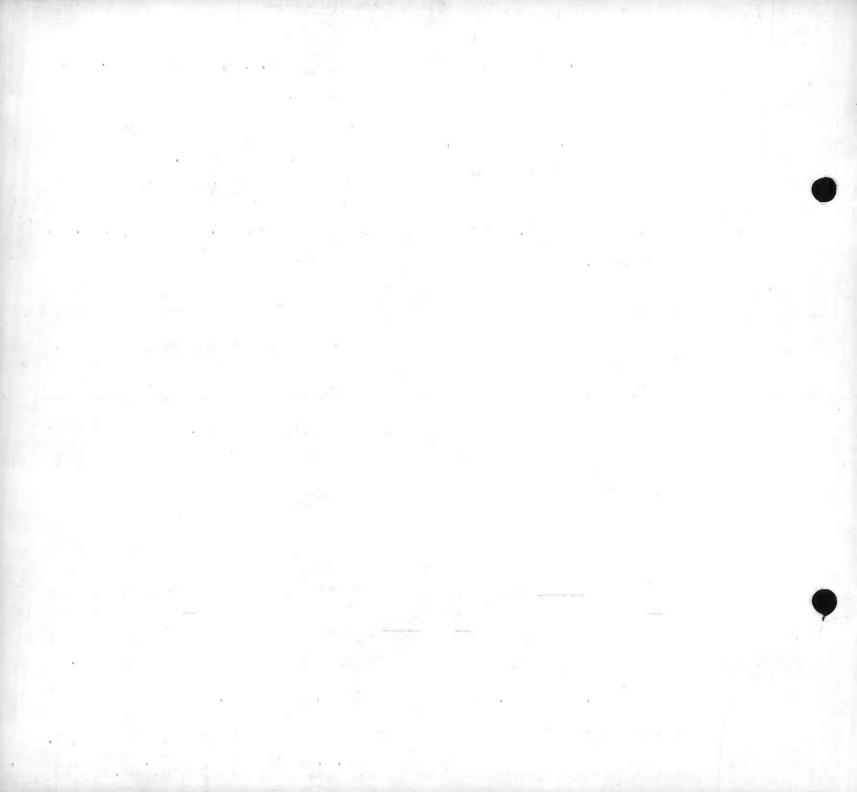
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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## 68-12966 BALTIMORE CITY HEALTH DEPARTMENT

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-	-	-8	-1-0	0	1.3	59

RIE	TH NO.		WED	ICAL E	XAMINER 5	LEK I IFI	CATE OF	DEATI	REG. NO	
-	NAME OF DEC	EASED				2. DATE	Known 🗍	Manth	Day Y	ear Hour
(Ту	BERNAI	תמ	J	SCI	HERE	OF DEATH	Estimated X		er 21, 196	
4.			ARYLAND, W		OUNCED DEAD	3. DATE		Manth		ear Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							JNCED DEAD		er 22, 196	3:35 P.M.
0		orsuch	Avenue			A. STATE Mary			3. COUNTY	ence before damission)
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CHY LIN	IITS?
	male	whi	te	WIDOWED	DIVORCED K	Balt	imore		YES X	No 🗆
9. [	DATE OF BIRTH	4	10. AGE (In	yeors If U	nder 1 Yr. If Under 24 Hrs. ths, Days, Hours, Min.	E. STREET	ND NUMBER			
ا	uly 1,19	914	54	,,		701	Gorsuch A	venue		
11.	BIRTHPLACE (S	tate ar farei	ign cauntry)		CITIZEN OF	13. FATHER	SNAME			
	Maryland	i			WHAT COUNTRY?	J Be	rnard Sch	ieve		
				14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME		
aan	Painter	orking life, e	ven if refired)			Annie	L Carey			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM			ADDRES	is
(Ye	, no or unknown) <b>es</b>	(If yes, dive	war or dotes	of service)	213-03-8240	John 1	3 Schieve	8015	Stratman R	h
	19. 11	2.54.			CAUSE OF DEA					APPROXIMATE INTERVAL
	7/0	1								BETWEEN ONSET AND DEATH
		E OR CONL LEADING TO	DITION DIREC	CTLY			ic Cardio	vascula	r Disease	
	(This does no	at mean the	mode of dy	ing, e.g.,	(A)IMMEDIATE O	AS A CONSEQ	UENCE OF:			
	heort foilure, injury ar com	asthenia, et plication wh	c. It means the ich coused dec	diseose, oth.)						
										I KO COLO
		NTECEDENT		CDVING	(B)	AS A CONSE	DIENCE OF			
	RISE TO THE	ABOVE CA	IONS, IF ANY	ING THE	DOE 10, OK	AS A CONSE	DENCE OF:			THE RESULT
Z	UNDERLYIN	IG CONDI	TION LAST.		(c)					
은	422.	1	11							
S	TO THE DEA	IFICANT CO	NDITIONS CO	ONTRIBUTING						
CERTIFICATION	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).						
3	20A. DATE OF	OPERATIO	N 20B. COM	NDITION FOR	WHICH OPERATION W	AS PERFORN	ED		21. /	AUTOPSY? (Yes ar Na)
	0									No
MEDICAL	UNDERLYING		NTRIB-	22B. ham	PLACE OF INJURY(e.g., e, farm, factory, street, offic	in or about 2 e bldg., etc.) II	2C. WHERE DID NJURY OCCUR?	(If in Baltimore	e City, give exact loca	tion)
ME	UTING L CA		ATH. Day) (Year	) (Hour) 2	ZE.INJURY OCCURRED	2	2F. HOW DID IN	IURY OCCU	R?	
	OF INJURY (APPROX.)	,		,	WHILE AT NOT	WHILE				
	23.			m. \	WORK L AT W	ORK				
		ify that I h	neld on I	nguiry	Inspection X Au	topsy	and that an t	his basis	deoth in my apini	on
		4	Natural cou		ccident Suicio				ed monner	
	resuit	rea reom: 1	Natural cou	ses K.I. A	ccident				ed monner	
	ACTUAL	11/1	5/11/1	(	21		CHIEF MEDICAL			DATE SIGNED
	SIGNATU		rivyv	179	M.D		STANT MEDICAL			10/00/00
	EXAMINI NAME (T		Werner	C U. Spi	tz, M.D.	ASSC	CIATE MEDICAL	EXAMINER		12/23/68
24	NAME (T		24B. DATE	124	IC. NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION	(City, town, or co	aunty) (State)
	MOVAL (Specif	y)								
_	Burial		12/26/		Baltimore Nat				re, Maryla	
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. NAME	OF REGISTRAR		UNERAL DIRECT		ADDRES	
		DEC 2	6 1968	02.0	RE Falley MA	Rx	kicioneren L	ponard	J Ruck Inc	Balto. Md
VS	151-REV. 1/1/68			100	0000	Z. tine	70	40		

July I, 191h

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Annie I Carey

211-03-5250 John B Sonieve Std. Stretmen Fd

Surial 12/26/68 Reltimorm ational daltimorm, Sampland

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BIRTH NO.	68	3-1296	CERTIFICA			REG. N	١٥	68-12967
1. NAME OF DI (Type or Print)	Charles L. G	eisler (	Jr.			ber 22,		16:30F
3. PLACE IN BA	F (IF NOT IN HOSPIT ADDRESS OR LOC		JTION, GIVE STREET	4. USUAL RESID	B. COUN	e deceased live	D. INSIDE	ution: residence before odmi
	815 Catalpha R	d.		Baltimo E. SJREET AND 5315 Ca	re	Road		ES X NO
5. SEX M.	6. RACE	WIDOWED		8. DATE OF BIRT 2/14/19	17	9. AGE (In yeo tost birthdoy) 51	^	If Under 1 Yr. If Under 24 Aonths Doys Hours A
dons during most	CUPATION (Give kind of world working life, even if retired)		thy Hicks Inc.		State or torei	gn country)		U.S.A.
13. FATHER'S N	arles L. Geisl	er Sr.		Marie S		_	,	
15. Wos Deceos (Yes, no or unknow Yes	ed Ever in U. S. Armed Form) (If yes, give wor or dote W.W.2	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	les L	Geisler	Sr	Same
VO OTHER SIGN TO THE DEL DISEASE OR	OR CONDITIONS, if the above cause (A) NG CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Stating the  NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR V	(c) Olive	A CONSEQUENCE	mé	Lottes  208. IF YES, IN CERTIFYIT	WERE FIN	DINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING DESCRIPTION CAUSE OF fy medical examiner	21 B. hom	PLACE OF INJURY (e.g., ie, form, foctory, street, o	n or obout 21 C. Wi	HERE DID OCCUR?	(If in	Boltimore (	City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Yeor)		INJURY OCCURRED  Ile At Not While At Work	e	M DID HUJ	URY OCCUR?		
that (1) (wand hour established and hour establishe	puo I	ed alive on	) (We) (did) (did nat) v	iew the body af	and the death.	Staff Phys.	2:	
24A. BURIAL C REMOVAL Buria	(Specify) 248. DATE	68 Du.	AME of CEMETERY OF CRI	ematory Semorial G	dns. T:	imonium	(City,	town, or county) (S
25A. DATE REC	EC 26 1968	258. NAME C	of REGISTRAR	ZSC. FUNERA		dek Inc.	Ralt	ADDRESS Md

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BIRTH NO.	00	2 Tro	CERTIFICA	TE OF DEATH	REG. NO	00 12000		
1. NAME OF DEC (Type or Print)		IOLA M	ANZO	Dec.	22, 1968	9:30 P		
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, W (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UNCED DEAD UTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmit A. STATE  Maryland  C. CITY OR TOWN  Baltimore  A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmit B. COUNTY  Maryland  D. INSIDE CITY LIMITS?  YES X NO				
00	2827 Harview	Avenue		E. STREET AND NUMBER 2827 Harview	Ave.			
	6. RACE  Cajicasian  UPATION (Give kind of work working life, even if retired)	WIDOWED		B. DATE OF BIRTH Oct. 8, 1899 11. BIRTHPLACE (Stote or fo		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
hous <b>ewi</b> .				Baltimore, Md	•	USA		
13. FATHER'S NA	n Joyce			Lola Wilso				
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For (If yes, give wor or date	ces?	16. SOCIAL SECURITY NO. 217-46-0672	17. INFORMANT Mr Joseph P	Manzo S	ADDRESS ame		
DISEASES (rise to the UNDERLYING	FICANT CONDITIONS CO	any, giving stating the NTRIBUTING HE TERMINAL	(B)	a CONFEQUENCE OF:	Uma	2950.		
	OPERATION GIVEN IN PAR 198. CON WAS PER	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or I	10 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	21 B. hom etc.	e, form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exoct location)		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  Not While R At Work	21F. HOW DID IN	IJURY OCCUR?	•		
that (I) (we)	that (1) (this hospital last saw the decease d from the causes star	d alive on	asc.	2_2_19_6 ² 8 and the least and		nion deoth occurred on the dot		
23A. SIGNATU	Mestan	1	M.D. DEGREE Phys	nding Med.	Staff Phys.	23B. DATE SIGNED  12/23/68		
23C. PHYSICIA NAME (T		t Harri		8100 Harfor	d Road			
24A. BURIAL CRE	MATION, 248. DATE Specify)	24C. N	AME of CEMETERY OF CRE			ty, town, or county) (Stote)		
Nord7and	NY HEALTH DEPT.	M 125B NAME C	oreland Memor	Lal Ba	ltimore, Md.	2238004		

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Leonard J. Ruck, Inc, Baltimore, Md.-14

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58	-1	2969	BALTIMORE	CITY	HEALTH	DEPARTMENT
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REG.	NO	68-12969

BIRTH NO.			CERTIFICA	TE OF D		REG. NO		D LGOOD
1. NAME OF DEC	JOHN	W. SM	MALL, SR.		1	ber 21, 19		7:40 P
3. PLACE IN BAI	LTIMORE, MARYLAND, W			4. USUAL RES	IDENCE (Whe	re deceosed lived. If	institution: re	sidence before odmissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Mo	i.		7-	UEL
HOSPITAL OR	ADDRESS OR LOCA	A IION)		C. CITY OR TO	wn imore	CONT	YES TOX	NO [
44	Union Memori	al Hesp	oital	E. STREET AN		3205 Mary		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIE	ктн	9. AGE (In years	If Under Months	1 Yr. If Under 24 H Doys Hours Min.
Male	White	WIDOWED	DIVORCED	Sept.3,		last birthdoy)	Monns	Doys Hours Min.
	working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	Maryla		ign country)		S A
3. FATHER'S NA				14. MOTHER'S		ME		
James	R Small			Mary R	Smith			
	Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMAN	Т			ADDRESS
No			216-09-4197	Mrs. Mar	ie Smal	ll.	(Sa	ame)
18.4/	1.4 IT 4	70X	CAUSE OF DEAT	H			В	APPROXIMATE INTERVAL
(This does	SE OR CONDITION DI LEADING TO DEATH not mean the mode of asthenia, etc. It meons application which caused ANTECEDENT CAUSES	dying, e.g. the diseose death.)		A CONSEQUENC	ECUB EOF:			yeur
rise to the	OR CONDITIONS, if se above cause (A) G CONDITION lost,	any, giving	(C)					
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION \198. CON	HE TERMINAL		- Out	herr SY? (Yes or No		E FINDINGS	CONSIDERED
19A. DATE OF	WAS PER				110	IN CERTIFYING		
OR CONTRIS	NT WAS UNDERLYING UTING CAUSE OF	21 hor	B. PLACE OF INJURY (e.g., me, farm, factory, street, o	n or obout 21 C. V ffice bldg., INJUR	VHERE DID	(If in Soltin	nore City, give	exoct focotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	w	E INJURY OCCURRED  hile At Not While At Work		OW DID INJ	URY OCCUR?		
			the deceased fram,				De	
			(I) (We) (did) (did nat)			nat in (my) (aur) a	pinian deat	h accurred an the d
23A. SIGNAT		/					23 B. DAT	E SIGNED
	Derze /	13.	The DEGREE Phy	s. Ly [	Med. Director	Staff Phys.	12/	23/68
NAME (	Type)	H. Bec	k,M.D.	23D. ADDRESS	12 Har	forde Ros	/	
24A. 8URIAL CRI	EMATION, 248. DATE		AME of CEMETERY OF CR				(City, town, o	r county) (State)
Burial	(Specify) 12/24/	68 Du	laney Valley		Ba	ltimore, M		i
2SA. DATE REC'	BY HEALTH DEPT.	2SB. NAME	OF REGISTRAR	ZSC. FUNER	AL DIRECTO	ck. Inc. B	alto N	ADDRESS

VS 150-REV. 1/1/68

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approval

25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 26 Leonard J. VS 150-REV. 1/1/6B

Inc. Balto. Md. 21214

a hospital and

8-12971	BALTIMORE	CITY	HEALTH	DEPARTMENT
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68-12971

BIRTH NO.			CERTIFICA	TE OF	DEATH	KEG. 140		2,4017		
1. NAME OF DEC (Type or Print)	EASED MARY	E. FL	AUTT			er 22, 196		10:00 A.		
3. PLACE IN BAL  FULL NAME OF HOSPITAL OR INSTITUTION	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OF DOA Union Memorial Hospital				4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A. STATE  Md.  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER  3202 Berkshire Road					
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B		P. AGE (In years	If Unde			
Female	White	WIDOWED	= =	Jan. 19	, 1897.	ost birthdoy) 71	Months	Doys Hours Min.		
	working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreign  Marylan	,	12. CITI	ZEN OF WHAT COUNTRY		
3. FATHER'S NA!	Harry I	ivings	ton	14. MOTHER	S MAIDEN NAM	Mary F	lautt			
S. Was Deceased Yes, no or unknown!	Ever in U. S. Armed For (If yes, give war ar dote	ces? s of service)	16. SOCIAL SECURITY NO. 214-40-4495B	Mr. Joh		ole, Falls	t <b>a</b> n Md	ADDRESS 1. 21047		
DISEASES OF TISE TO THE UNDERLYING	osthenio, elc. II meons aplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) CONDITION lost.	deoth.) ony, giving stoting the	(B) ANTENIOSO, DUE TO, OR AS	lenotice (		e lar Dos oa	· e	Sevenl years		
	OPERATION GIVEN IN PAR OPERATION 19B. CON WAS PERI	T 1 (A).	WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	20B. IF YES, WERI	FINDINGS AUSES OF	CONSIDERED DEATH?		
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner)	218 hon etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of .)	n or obout 21 C. fice bldg., INJU	WHERE DID JRY OCCUR?	(If in Boltim	ore City, giv	e exoct location)		
21D.TIME OF INJURY (APPROX.)  22, I certify that (I) (we)	(Month) (Doy) (Year) that (I) (this hospital	) attended t	the deceased from 2/2/	2/2	and the	9 6 <b>0</b> ta	2/	R/ 1968		
23A. SIGNATU 23A. SIGNATU 23C PHYSICIA NAME (1	re M. In.	ed abave. (  mmer  Zimn	OEGREE Phys	nding []		stoff D	123B. DAT	inore, Md		
Burial	MATION 248. DATE		AME of CEMETERY of CRE  coodlawn Cemete		24D. LC	Baltimo	City, town,	tree of the same of		
	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR	ck. Inc. E	alto.	Md 2121)		

VS 1S0-REV. 1/1/68

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68-12972 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		- million	-	0	- 00	-

BIRTI	H NO.		MILL	ICAL	LAMINITE	136	LKIIII	CAILOI	DLATI	REG. NO.			
1. N.	AME OF DEC					Ī	2. DATE	Known X	Month	Doy	Yeor	Hour	
(Туре	ELTZABE	TH			BUTLER		OF DEATH	Estimoted	Decem	ber 23,	1968	7:05 A	A
			RYLAND, \	VHERE PE	ONOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour	141.
FUL	PRT	THE	INCOSTI	OR IN	THE PARTY OF	(J, D)	PRONOL	INCED DEAD	Decem	ber 23,	1968	7:05 A	
OR II	SITUTION	TTABE	SACRI CITY	Marin A	1 13-	19	5. USUAL RI	SIDENCE (Where					
	Droi	rident	Uosni	-21 /1	204)		A. STATE	yland	В	COUNTY			
6. SE		7. RACE	позрт	,	IED NEVER MARRI	ien 🗆	C. CITY OR			D. INS DE CH	NIMITS?		
										1 -		4	
	emale	negr	10. AGE (	WIDOV	/ED DIVORO			timore		, YYI	SELI	10	
07	7/25/		lost birthd		Months   Doys   Hours	Min.							
11 DI	RTHPLACE (S	into an familia	74		12. CITIZEN OF	<u> </u>	13. FATHER	70 N. Call	noun St	reet			
II. DI	Balti		. Mc		WHAT COUNTRY	?	13. FATHER	3 NAME			?		
1 4 4 1			,		OF BUILDINGS OF IN	DUCTON	16 MOTUE	VC MAIDEN NA	45		•		
done o	Unemp1	orking life ev	en ifretired)	140. KINL	OF BUSINESS OR IN	IDUSTKI	Sop						
							-		4118				
16. <b>V</b> (Yes, i	VAS DECEASE	(If yes, give w	U.S. ARME vor or dotes	of service	77. SOCIAL SECURITY N	NO.	IB. INFORM		h 6		DORESS	St	
	no						Mrs	Randolp	)II , O.	14 001			
15	112	,41			CAUSE	OF DEAT	Н					PROXIMATE INTEL	
	DISEASE	OR COND	ITION DIRE	CTLY	Art	rerio	sclero	tic Cardio	ovascu1.	ar Dise	ase		
		EADING TO			(A)IMME	EDIATE C	AUSE						
	(This does no heart failure,	osthenio, etc.	. It meons th	e diseose,	DUE	TO, OR A	S A CONSEQ	UENCE OF:					
	injury or com	plication which	ch coused de	oth.)									
	AN	TECEDENT	CAUSES		(R)								
	DISEASES C	R CONDITIO	ONS, IF AN	Y, GIVING	DUE	TO, OR	AS A CONSEC	UENCE OF:					
_	RISE TO THE	G CONDITI	ON LAST.	IING IHE	(C)								
CERTIFICATION	1100	7	11		(6)		*****************					region physical state the annuals after annuals with 400-400-400-400	
4	OTHER SIGN												
읪	TO THE DEA DISEASE OR												
2	OA. DATE OF	OPERATION	1 20B. CO	NDITION	FOR WHICH OPERAT	ION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or I	(o)
	0										7.	N	0
<b>Y</b> 2	ZA. EXTERI	NAL CAUSE	WAS		22B. PLACE OF INJUI	RY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give exc	ct locotion)	00 /1	
	JNDERLYING				home, form, foctory, str	eet, office	bldg., etc.) II	NJURY OCCUR?					
$\Sigma$ 2	2D. TIME (		oy) (Yeo	r) (Hou	r) 22E.INJURY OCC	URRED	2	2F. HOW DID IN	JURY OCCUI	??			
	APPROX.)				WHILE AT	NOT	WHILE						
2:					m. WORK	AT W	OKK []						
	1 certi	fy that I h	eld on	nquiry [	Inspection	-Aut	opsy K	and that on t	his bosis, d	eath in my	apinion		
	result	ed frem: N	otural cou	ses [	Aseident	Suicid	e Ho	micIde	Undetermin	ed manner [			
		1. 17	10 0	1				CHIEF MEDICAL	EXAMINER [				
	ACTUAL	// //	SVV	Shi	m		ACCI	STANT MEDICAL	-2			DATE SIGNE	D
	SIGNATU	- 1/1/		21 (	1.1	M:D		CIATE MEDICAL E	XAMINER [			12/23	/68
	NAME (T	· · · · · · · · · · · · · · · · · · ·	Verner	U. S	pitz, M.D.		7,500	CITAL MEDICAL					
244	BURIAL CREM	ATION, 2	4B. DATE		24C. NAME of CEA	METERY	or CREMATO	PRY 24D.	LOCATION	(City, town	n, or county)	(Stote)	
KE(II)	CVAL Sode	y)	72/2	\$160	New Ca	the	Leaba		Balti	more	Md		
25A.	DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME OF REGISTRAR	one.		UNERAL DIRECT			DDRESS		
					OSTRO D	0	2 0	Campar 7	n	tead		al Hom	10
	35	2 9 6 19	168 (	D	2 Turber	1000	Les ton	Carrott	A Late	ocau	uner	h AVA	
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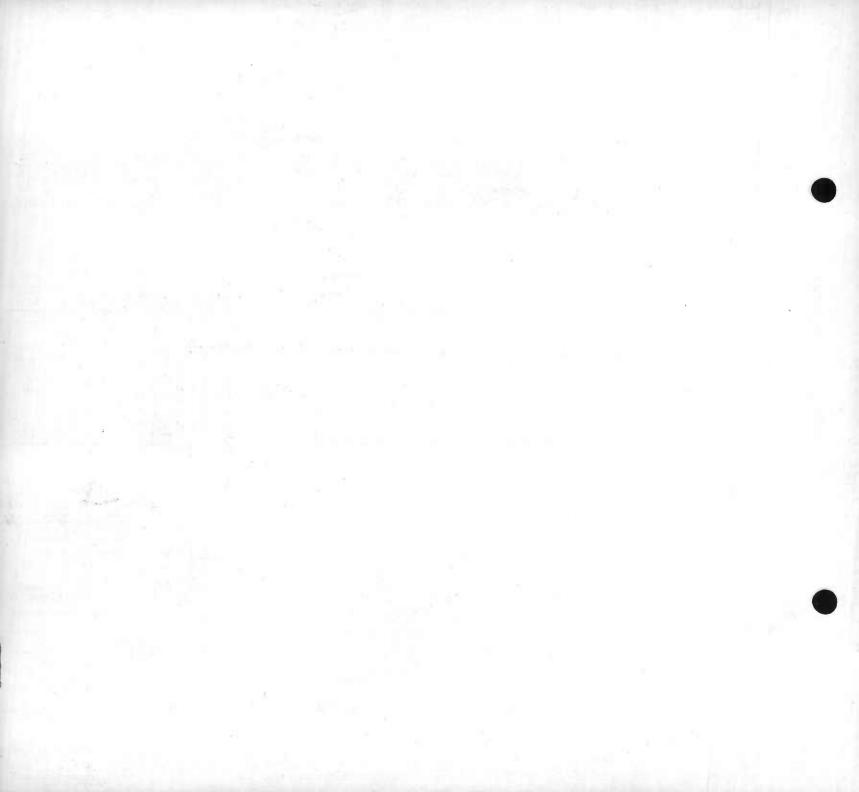
and

		60-49	DO BALTIM	ORE CITY HEALTH	DEPARTMENT		68-12973
		68-12	CERT	IFICATE C	F DEATH	REG. NO	00 12010
I, NAME OF (Type or Print)	DECEASED.	gm S	ANDY			D HOUR OF DEATH	81
3. PLACE IN  FULL NAME HOSPITAL OR INSTITUTION			STITUTION, GIVE ST	REET A. STAT	E B. COUN	and,	stitution: residence before odmission)
50.	5 WAR	wick	ALE	13	Altimo, ET AND NUMBER OS WARE	wick H	VE NO B
5. SEX MALO	6. RACE Negr	O WIDOV	V.5.	RCED 1/2	4-11074	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during mos	CCUPATION (Give kind of working life, even	nd of work 108, KINE if retired)	OF BUSINESS OR	INDUSTRY 11. BIRTI	alte	med med	12. CITIZEN OF WHAT COUNTRY?
13. FÄTHER'S	evail	Sav	sy	14. MO1	ENNIL	ME 7	
15. Was Deced (Yes, no or unkn	sed Ever in U.S.A own) (If yes, give wo	mmed Forces? or or dotes of servi	215-03-	71484 1	Mus Dori	s Harris	-2414 Westwork
(This doe heart faile	EASE OR CONDIT LEADING TO as not mean the r ure, asthenio, etc. I complication which	DEATH node of dying, 1 meons the dise	e.g., (A) IMMI	DIATE CAUSE	QUENCE OF:	Coal 1	APPROXIMAJE INTERVAL BETWEEN ODSET AND DEATH
DISEASES	ANTECEDENT  OR CONDITION  The above counting CONDITION	CAUSES NS, if any, giv se (A) stoting		AH ( 10, OR AS A CONSI	CALCUTA	gesling ka	Teil ?
TO THE D	CAIT BUT NOT RELADER CONDITION GIVE	TED TO THE TERMIN		Mille	G Cex	ful	7
	OF OPERATION 1		OR WHICH OPERAT	ION 20A.	AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONT	IDENT WAS UNDER	OF	218. PLACE OF INJ home, form, foctory, etc.)	URY (e.g., in or obout street, office bldg.,	21C. WHERE DID	(If in Boltimor	e City, give exoct location)
21 D. TIME OF INJUR (APPROX.)		(Yeor) (Hour)	21E. INJURY OCCU	Not While	21F. HOW DID INJ	URY OCCUR?	

196 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased olive ond that in (my) (our) opinian death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Staff Phys. Med. Phys. HYSICIAN NAME 23D. ADDRESS 6 DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) CEMETERY OF CREMATORY 24D. LOCATION (Stote) or county) 25B. NAME OF P 25A. DATE REC'D DIRECTOR

VS 150-REV. 1/1/68

ADDRESS ROS P.



VS 150-REV. 1/1/68

68 - 12974

NO

Haurs

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

ADDRESS

If Under 24 Hrs.



5-315

		4010	AMINER'S	CERTIFICATE OF DEATH REG. NO.	8-1.2975
1. NAME OF DEC (Type ar Print)		LIAM STE	/ENS	2. DATE Known Month Doy OF DEATH Estimated December 19,	Year Haur 1968
4. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONOL	JNCED DEAD	3. DATE Manth Day	Year Haur
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA		N, GIVE STREET	PRONOUNCED DEAD December 19,  5. USUAL RESIDENCE (Where deceased lived. If institution:	
	. Agnes Hosp	ital	(DOA)	A STATE Maryland B. COUNTY HOW	ard 43-A
	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN Elkridge D. INSIDE CITY	
Male	White	WIDOWED	DIVORCED		No 🚾
9. DATE OF BIRTH	last birthda	y) Manth:	er 1 Yr. If Under 24 Hrs. s, Days , Haurs , Min.	E. STREET AND NUMBER Woodburn 2016 Woodborne Avenue	Elkridge, Mi.
	tate ar fareign cauntry)		IZEN OF	13. FATHER'S NAME	
Balti	PATION (Give kind of work		HAT COUNTRY? USA JSINESS OR INDUSTR	Frank R. Stevens 15. MOTHER'S MAIDEN NAME	
dane during mast of w	arking life, even if relired)		Bakery	Arabella Prentis	
Superv:	D EVER IN U.S. ARMEI	FORCES?	7. SOCIAL		DRESS
Yes, na ar unknawn) Yes	(If yes, give war ar dates WW 2	al service)	216-12-7872	Mrs. Betty Marshall Stevens	, same as above
19.	1410		CAUSE OF DEA	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASI	OR CONDITION DIRE	CTLY			
1	EADING TO DEATH		(A)IMMEDIATE	AUSE Multiple blunt injuries	
heart failure,	at mean the made of dy asthenla, etc. It means the aplication which caused de	e disease,	DUE TO, OR	S A CONSEQUENCE OF:	
DISEASES OF RISE TO THE UNDERLYIN TO THE DEAD DISEASE OR	ITECEDENT CAUSES PRODUCTIONS, IF AN ABOVE CAUSE (A) STA GOODDITION LAST.  II IFICANT CONDITIONS CAUTH BUT NOT RELATED TO CONDITION GIVEN IN P	ONTRIBUTING OTHE TERMINAL ART 1 (A)	(C)	AS A CONSEQUENCE OF:	
20A. DATE OF	OPERATION 20B. CO	NDITION FOR W	HICH OPERATION W	S PERFORMED	21. AUTOPSY? (Yes ar Na) Yes
UNDERLYING UTING CA	NAL CAUSE WAS DOR CONTRIB- USE OF DEATH. Manth) (Day) (Yea) 12-19-68 4	r) (Haur) 221	form, factory, street, affice highway  INJURY OCCURRED  INDER NOT	in or about 22C. WHERE DID (II in Baltimare City, give exact bldg., etc.) INJURY OCCUR? Route #1 & Buttermilk Hi 22F. HOWDID INJURY OCCUR?  WHILE ORK Driver in auto-fixed obj	11, Elkridge, M
	R'S Charles	SS. Ac	Inspection Au cident Suicident Suicident  Suicident M.D.	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	
24A. BURIAL CREA	MATION, 248. DATE	24C	NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)
Buria		ec. 68	Loudon Par	Cemetery Baltimore,	
25A. DATE REC'D	and the Art of the Art	4 2	OF REGISTRAR		DRESS
B	EC 261968	John &	. Farley 1	Kirkley Funeral Home, Gler	Burnie, Md.

VS 151-REV. 1/1/68

ophibiliz confidence of the first contraction of the 13 Oct., 1922 Frank R. Stevens Mice's Balany Araballa Brenkin TORIVISTIC Yes Will 2 216-12-7872 | New Merchall Stevens, name of all TO THE REAL PROPERTY. Surial 23 Dec. 58 Louden Park Demetery Baltimers , Parking and the state of t

VS 150-REV. 1/1/6B

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ALTER THE PREMIUM PROPERTY CONTRACTOR AND ADDRESS.

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	68	-1297	7 CERTIFICA	TE OF DEATH	REG. NO	68-1297	
BIRTH NO.	CEASED	KALA	WZELEVic	2. DATE ANI	D HOUR OF DEATH		3 0
Type or Print)	CONBRAT		UZE LEVICH	DEC.		1968	12 PM.
3. PLACE IN BA	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence be	
	e ar hor of horse	OB (1) (TIE)	TO A COME CENTER	MD.	1	7	
OSPITAL OR	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	Jo IN	SIDE CITY LIMITS?	
NOITUTITEN				Balto.		YES NO	
10	1529 Fil	1-07	مورس	E. STREET AND NUMBER		2	
	1971 FII	DEKI	37.	1529 Fil	BERT S.	7.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If	Under 24 Hrs.
M	white	WIDOWED		SEPT. 20, 1883	ost birthdoy)	Months Doys Ho	urs Min.
	CUPATION (Give kind of world	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WH	AT COUNTRY
1 in	of working life, even if retired)			Duccin		1150	
Settred FATHER'S N				RUSSIA 14. MOTHER'S MAIDEN NAM	4 E	USA	
1				i) n Known			
	nour						
Was Deceases, no or unknow	ed Ever in U.S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO			212-07-7310	NR-BohaDA	152	9 Filbert ST.	
18. 44 /	2.46		CAUSE OF DEAT	H		APPROXIM	ATE INTERVAL
underlying  Underlying  Other sign  To the de,  Disease or		any, giving slating the Contribution of the terminal to the contribution for the contribution	(B)(C)	A CONSEQUENCE OF:	20B. IF YES, WERE	FINDINGS CONSIDER	
19A. DATE (	WAS PER	FORMED			IN CERTIFYING C.	AUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING EBUTING CAUSE OF	21 B. hom etc.)	e, form, factory, street, o	n ar obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	ore City, give exact loca	tion)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY			ile At Nat Whi	е			
		Wo			- 67	12/22	I. P
	fy that (I) (t <del>his hospit</del> a		12 /		9 <u>56</u> ta	12/23	19 6 6
	e) last saw the decease			19_6 dand the	it in(my) ( <del>out</del> ) ap	oinian death accurre	ed an the dat
and haur a	nd fram the causes sta	ted abave (I	)/(We)((did)/(did nat) ·	view the bady after death.			- 449
23A. SIGNAT	in Ey F	Sely	Lu GEGREE Phy	ending Med. Director	Staff Phys.	23B, DATE SIGNED	
23C. PHYSIC NAME			•	23D. ADDRESS	(Alimaniana)		
	y R. Gehlert,	M.D.		4700 Pennington			
4A. BURIAL CI	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	Baltimore, Mary	CATION	City, town, or caunty)	(State)
REMOVAL	(Specify)	100 11 1	. 50 b . D .	Con h	/ Kaina =	ND	
BURIA		258. NAME C	J RINITA R.C	25C FUNERAL DIRECTOR	LINGE ,	ADDRE	SS
	EC 261968	0 4	I. I.				a de la companya de l
		loke to 2	-, Volubey Fra	John H. Halt A	i to neval Home	L 7200 Tehni	1100
\$ 150-REV. 1/1	1/08						

BALTIMORE CITY HEALTH DEPARTMENT

1900 Fearington Avenue Salthwore, Maryland 21226

Sidney R. Cehlert, M.D.

IMPORTANT

FUNERAL DIRECTOR:

THE PART PROPERTY.

A ALLES HAS SUPPLEATED THE TANKS OF SHIPLES

March of the

SPITZ

APPROVAL

RELEASED



IMPORTANT DIRECTOR: FUNERAL

VS 1S0-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 9:15 PM 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 8. COUNTY D. INSIDE CITY LIMITS? YES T NO [ If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS BETWEEN ONSET AND DEATH Unknown 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Soltimore City, give exact location) December 18th 19 68 to December 18th December 18th 68 and that in (hy) (aur) aplnian death accurred on the date 23B. DATE SIGNED (City, town, or county) 1 Cem. Baltimore, Maryland
2scafuneral Director
Johnson Funeral Home, 8521 Loch Raven Blvd. 21204

Oak Hill

258, NAME OF REGISTRAR

Cem

Fredricksburg, Va.

William E. Johnson 8521 Loch Raven Blvd.

**ADDRESS** 

25C. FUNERAL DIRECTOR

VS 151-REV. 1/1/68

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SURE THE PROPERTY OF SERVER

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Sind Hooping

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS AGNES HOSP CATON & WILKENS BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion deoth occurred on the dote 23 B. DATE SIGNED 12-22-68 WILKENS & CATON AVES.BALTO.MD.21229 (City, town, or county) deceased written shows: Md. Was Patapsco Ave. Balto. Md. VS 150-REV. 1/1/6B

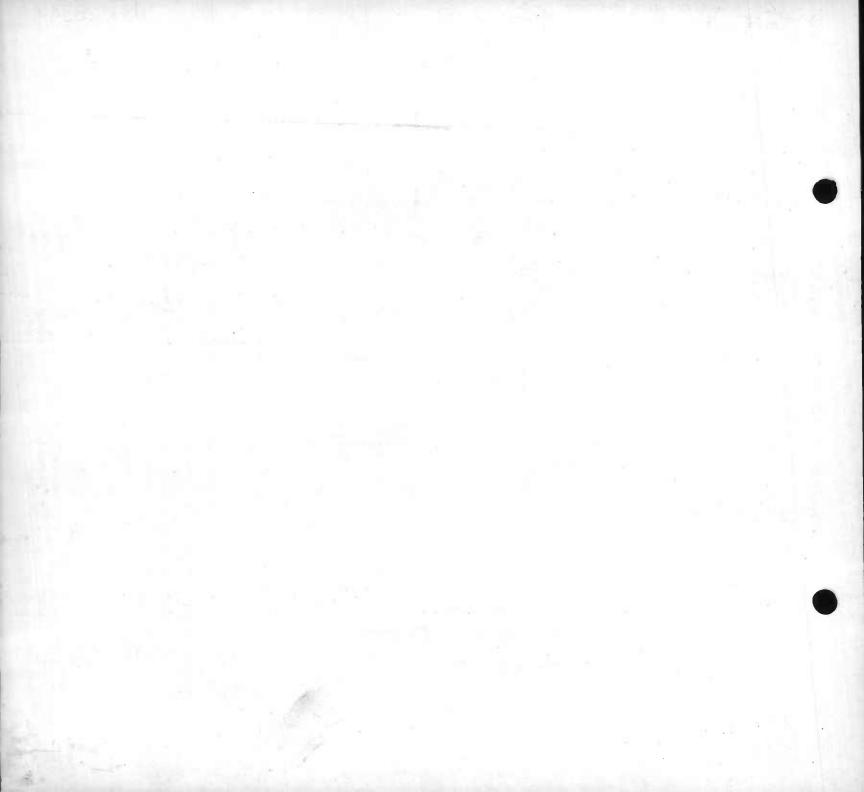
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

68-12985

BALTIMORE CITY HEALTH DEPARTMENT

68-12985 REG. NO.

BIRTH NO.	CERTIFICA	IE OF DEA	(IH	2,2000
1. NAME OF DECEASED (Type or Print)	0000		DATE AND HOUR OF DEATH	0 -
KUBERI 3.			CE (Where deceased lived. If	7. 20 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	A. STATE	B. COUNTY	institution; residence before damission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYL C. CITY OR TOWN		SIDE CITY (IMITS?
NGRTH CHARLES G	ENERAL	BALTI	MORE	YES NO
19 HOSP		E. STREET AND NU		TREET
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
MALE W WIDO	WED DIVORCED	6-19-	03 65	TVIOLITIS DOYS TOOLS TVIII.
OA. USUAL OCCUPATION (Give kind of work 10 B, KIN lane during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	te ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
BAR TENDER TH	YLORS CAFE	MARY.	LAND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	iili
WILLIAM MONTG	OMERY	ELIZA	BETH CAR	MINE
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of sen	1 6. SOCIAN	17. INFORMANT		ADDRESS
	215-24-8009	1485.51-11R	LEY ECKENROL	DE 1138FALLSRD.
18.29101	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Dai	• -	
LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU		um Tremes	
hearl failure, asthenia, etc. It means the dis injury ar camplication which caused death.)		A CONSEQUENCE OF:		
ANTECEDENT CAUSES		Alexa	Colism Ch	Genin
DISEASES OR CONDITIONS, if any, g	(B)	A CONSEQUENCE O		
rise to the above cause (A) stating		Prome	222 1024	
UNDERLYING CONDITION last.	(c)	1 new	maria	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL PART 1 (A).				
	FOR WHICH OPERATION	20 A. AUTOPSY? ()		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, farm, factory, street, of			are City, give exact location
DEATH (natify medical examiner)	etc.)			
OF INJURY (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX)	While At At Wark		2 10/	1 22 (2)
22. I certify that (I) (this hospital) attended	ded the deceased from	pec. 1	8 1968 to 1	lec, 23 1968
that (1) (we) lost sow the deceased alive	on Dec. 23	19.68	and that in (my) (our) op	oinian deoth occurred on the dote
and hour and from the couses stated abo	ve. (1) (We) (did) (did not) v	iew the body ofter	death.	
23A. SIGNATURE	0 0			23 B. DATE SIGNED
L. Jananil	A Dun ) GEORGE Phy	nding Med. s. Direct	or Staff Phys.	Dec, 23, 196
23C.PHYSICIAM'S NAME (Type)	A GEORGE	23D. ADDRESS		
L. TANGUILIG	N.D.	N. CHA	ILLES GENET	Dec, 23, 196
24A. BURIAL CREMATION, 24B. DATE		MATORY	24D. LOCATION	City, tawn, ar county) (State)
BURIAL 12/26/68	WOODLAWN		BALTO, MP.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAL	250 FUNERAL E	PIRECTOR	ADDRESS
DEC 261968 OF P.	A E Starberta	6 15	Therman 3 -5	11 10 Planting And

HOSPITAL

MALE W

C-19-03 65

BAR TENDER THYLORS CAFE MARRYLAND U.S.A.

WILLIAM MENTEOMERY ELIZABETH CARMINE

216-84-8009 million and a second state of

Delibum Transner Blesholiem Chroni Porcumoria

dec. 23 68 68 Dec. 23

d. Tongrilling M.D. N. CHARLES GENERAL HOSPITAL

14 2 - 3 weren of Hamplan dop to 692 washington Blub. M CAUL 1/24/ 97 67 m 7.0 Many land Ve local Strategy Carolin Hozarens W. Mam Ochse all post Max old chant. 3 675 Passengaria Partial das Swit Royal Dilac, CVA, Aveil Printleby 3,00 Perchanted sommit vian 40 s 12/11/18 10/20 10/17 EF

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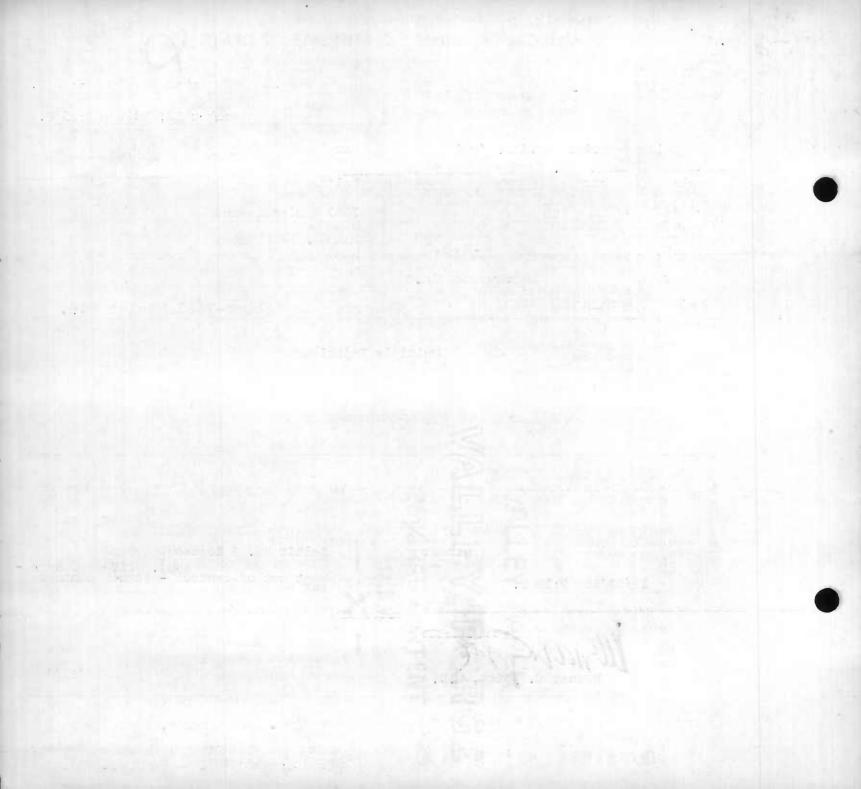
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68-12987 BALTIMORE CITY HEALTH DEPARTMENT

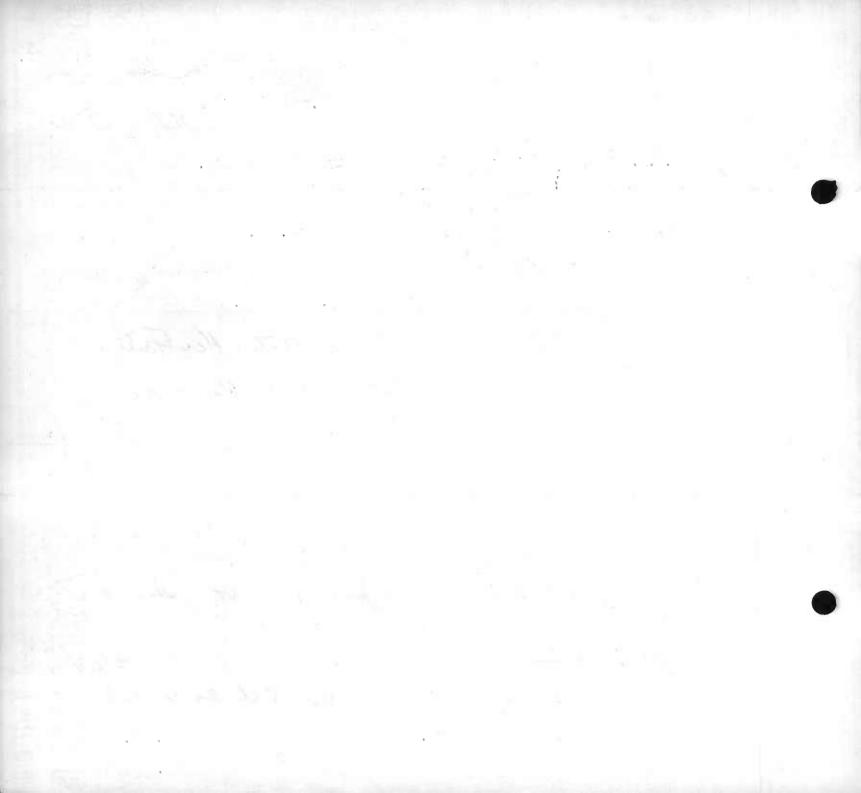
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-12987
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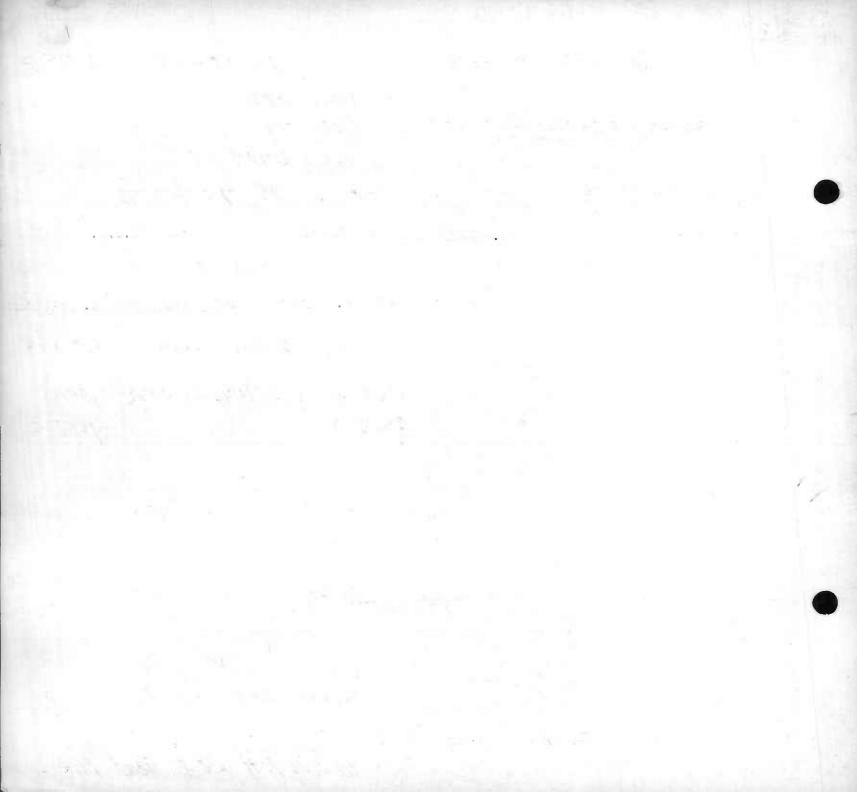
BIRTH NO.		WEDIC/ (	E EXTENSION LENGT	CERTIFICATE C	I DEATH	REG, NO			
1. NAME OF DECI	EASED			2. DATE Known	Month	Doy )	lear Hour		
(Type or Print)	C T		WELLED ID	OF			1968 9:25 P		
CHARLE		NID WHERE	KELLER, JR.	DEATH Estimoted X		7.00	reor Hour		
FULL NAME OF			STITUTION, GIVE STREET	PRONOUNCED DEAD	Month				
HOSPITAL	ADDRESS O	R LOCATION)	SHOTION, OTTE STREET			r 22, 196			
OR INSTITUTION				5. USUAL RESIDENCE (W			ence before odmission)		
Union	Memoria	1 Hospit	al (DOA)	Maryland	В, (	COUNTY	3-00		
	7. RACE		RIED NEVER MARRIED	C. CITY OR TOWN	D.	INSIDE CITY LIA			
4									
male	white		WED DIVORCED	Baltimore		YES X	NO L		
3/22/40 IO. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.				E. STREET AND NUMBER					
3/22/40		28		7427 Kenlea	Avenue				
11. BIRTHPLACE (St		entry)	12. CITIZEN OF	13. FATHER'S NAME					
Maryla	nd		WHAT COUNTRY?	John L. Kei	ller				
TAA HEHAL OCCUP	ATIONI/Give kind	of work I AR KIN	U.S.A. D OF BUSINESS OR INDUSTR	V 15 MOTHER'S MAIDEN A	LAAF				
done during most of wa	orking life, even if r	etired)	OF BUSINESS OR HADUSIK		NAME				
Salesma	n	Ins	urance Co.	Ruth					
16. WAS DECEASE	D EVER IN U.S.	ARMED FORCE	S? 17. SOCIAL	1B. INFORMANT		ADDRE:	55		
(Yes, no or unknown)	1960-63	dotes of service	e) SECURITY NO.	Jerre Lou Ke	211er-74	27 Kanl	ea Arra		
19. 19. 19	11/		CAUSE OF DEA		01101-74	e / Keni	APPROXIMATE INTERVAL		
1281	610		CAUSE OF DEA	ain .			BETWEEN ONSET AND DEAT		
DISEASE	OR CONDITIO	N DIRECTLY	36 36 1	1 - + 1 - 1					
L	EADING TO DEA	ATH	MULCID.	le Injuries					
(This does no	t meon the mode	of dying, e.g.,	DIJE TO OR	AS A CONSEQUENCE OF:					
	osthenio, etc. It me plicotion which cou								
AN	TECEDENT CAUS	SES	(B)						
DISEASES O	R CONDITIONS,	IF ANY, GIVING		AS A CONSEQUENCE OF:					
UNDERLYING	ABOVE CAUSE (	LAST.							
Z			(c)						
日にそれる	3,4- 11								
TO THE DEA	FICANT CONDITION								
DISE ASE OR	CONDITION GIVE	NIN PART 1 (A	).						
20A. DATE OF	OPERATION 201	B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED		21.	AUTOPSY? (Yes or No)		
O							WY Voc		
Z2A EXTERN	IAL CAUSE WAS		228 PLACE OF INTURVIEW	in or about 22C WHERE DI	ID (If in Boltimore C	ity give exact loss	XX Yes		
	OR CONTRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	e bldg., etc.) INJURY OCCUP	??	ily, give exoci loco	22 1		
			street		Rd. & Rose				
≥ 22D. TIME (A	Month) (Doy)	(Yeor) (Ho	ur) 22E.INJURY OCCURRED	22F. HOW DID	INJURY OCCUR?	subj. dr	iver of autouck another		
	2/22/68	9:10 P.		WHILE Went ou	t of conti	rol - str	uck another		
23.	2, 22, 00	,,_,	III. WORK	TORR Lar Cal					
certif	fy that I held o	n Inquiry	Inspection Au	tapsy X and that a	n this basis, dec	th in my anini	ion		
resulte	d from: Natur	al couses	Accident X Suicio		Undetermined				
	11110	1111	hot.	CHIEF MEDICA	L EXAMINER		DATE CICNIED		
ACTUAL	or ILVY	WIL	///	ASSISTANT MEDICA	AL EXAMINER X		DATE SIGNED		
SIGNATU		aow II d	nitz MD	ASSOCIATE MEDICA			12/23/68		
NAME (Ty	me) Weri	ner U. 3	pitz, MD.	ASSOCIATE MEDICA	AL EXAMINEK		12/23/00		
24A. BURIAL CREM		ATF	24C. NAME of CEMETERY	OF CREMATORY In	D. LOCATION	(City, town, or c	ounty) (Ci-i-)		
REMOVAL (Specify			THE OF CLINETERY	U CKEMIATORT	D. LOCATION	(City, Town, or c	ounty) (State)		
Burial	12	/26/68	Most Holy R	edeemer Cem.	Baltime	ore. Ma	rvland		
25A. DATE REC'D B			NAME OF REGISTRAR	25C. FUNERAL DIRE		ADDRE	SS		
			0 0 7 00 0			arg Fun	eral Home,		
9	EC 26196	00 OF P	To E Janeira	6009 Hart	ord Rd	- Balt	o., Md. 21		
VS 151-REV. 1/1/6B	NEID						ory title 64		
3 131-KEY, 1/1/0B	NO 67						4		



VS 150-REV. 1/1/68







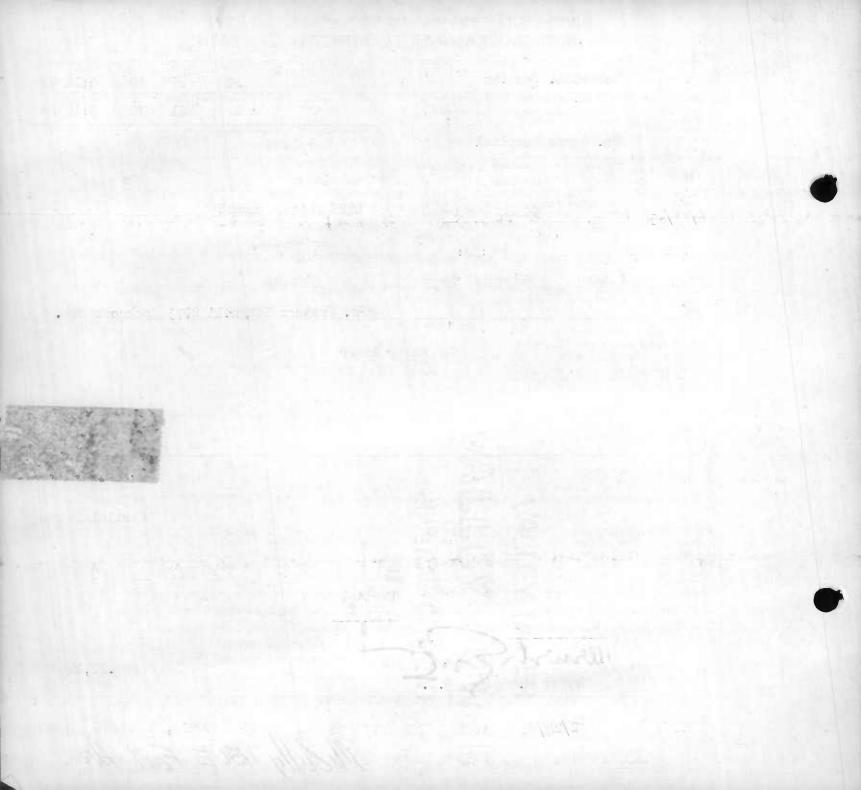
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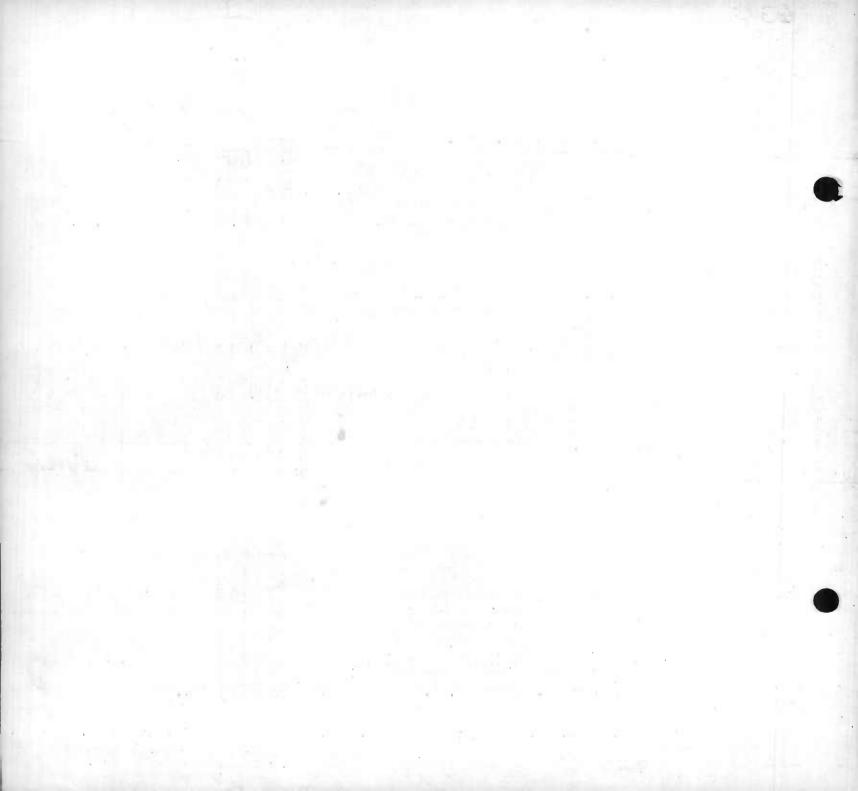
68-12991 BALTIMORE CITY HEALTH DEPARTMENT

H DEPARTMENT 68-12991

BIR	TH NO.		WED	ICAL	EX/	AMINER'S	CERTIFI	CATEO	r DEA	IH REG.	NO		-/-
1. 1	NAME OF DEC		rt L.	Jenki	ins	The L	2. DATE OF DEATH	Knawn 🛣	Month 12	Doy 21	1968	3:14	PM M
4. F	LACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PR	ONOU	NCED DEAD	3. DATE		Month	Day	Year	Hour	
HOS	L NAME OF SPITAL INSTITUTION	(IF NO ADDRE	T IN HOSPITA SS OR LOCA	AL OR INST	TUTION	, GIVE STREET		ESIDENCE (Who	12	21	1968	3:14	M.
4	10	St.	Agnes	Hospi	Ltal		A CTATE	Maryland		B. COUN		10	7
6. 5		7. RACE		8. MARRI	IED 🗌	NEVER MARRIED	C. CITY OF	TOWN		D. INSID	ECITY LIMITS		
	M	W		WIDOW	ED 🗌	DIVORCED	-	imore			YES K	NO 🗌	
9. [	ATE OF BIRTH	Н	10. AGE (II			r 1 Yr. If Under 24 Hr Days , Hours , Mi		Potter	Street				
11.	BIRTHPLACE (S	itate or foreig	n country)			ZEN OF	13. FATHER	'S NAME					- 170
	VTRGTN	ΤΔ			WH II:S	AT COUNTRY?	ASI	HBY JENKI	NS				
	USUAL OCCU	PATION (Giv		14B. KIND	OF BU	SINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN N	AME				
and a	ANITATTO			BALT	TMOR	E CITY		UNKNOM	T				
16.	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCES	? 17	SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		
	NO	( ,		,			Mrs.	Frances S	tagnol	i 2073	Rockro	se Ave	
	19.5 71	18				CAUSE OF DI			CI STATE OF THE ST			APPROXIMATE	INTERVAL
	DISEASI	E OR COND	ITION DIRE	CTLY		77-14	74						
		LEADING TO				(A)IMMEDIAT	y liver						
	heort foilure,	at mean the , asthenia, etc.	It means the	disease,			R AS A CONSEC	UENCE OF:					
1	injury ar com	nplication which	h caused de	ath.)									
	AA AA	NTECEDENT	CAUSES			(B)						11 400	
	DISEASES O	OR CONDITION	ONS, IF ANY	, GIVING		DUE TO, O	R AS A CONSE	QUENCE OF:				7.59	
7	UNDERLYIN	G CONDITI	ON LAST.	III O III E		(c)						7	
9	481	. 0	II			(0)					3:		9
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMI								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 4
RT					FOR WI	TICH OPERATION	WAS PERFOR	MED			21. AUT	OPSY? (Yes	ar Na)
Ö	1.										Part	ial Au	topsv
AL	22A. EXTERI	NAL CAUSE	WAS		22B. PL #	CE OF INJURY(e.	g., in ar about	22C. WHERE DIE	O (If in Baltin	nare City, giv			
EDICAL	UNDERLYING UTING CA			-21	home, fo	rm, factory, street, o	ffice bldg., etc.)	NJURY OCCUR	?				
M	22D. TIME		ay) (Yea	r) (Hour	) 22E.	INJURY OCCURRE	D	22F. HOW DID	NJURY OC	CUR?			
	OF INJURY (APPROX.)				m. WHI		OT WHILE						
	23.						Partial						
	I cert	ify that I h	eld on I	nquiry [	] 1	nspection 🗌 📝	Autopsy 🛣	and that on	this basis	s, death in	my opinion		
	result	ted from: N	atural cau	ses X	Acc	Suid	ide H	omicide 🗌	Undeterr	mined mon	ner 🗌		
		1.0	200	1		10-		CHIEF MEDICA	L EXAMINE			DATE SIG	CNIED
	SIGNATI	URE /U	In	M	7	on N	A.D. ASS	ISTANT MEDICA	L EXAMINE	R 2	Doo		
	EXAMINI NAME (T	ER'S	Werner	· U. S	Spin			OCIATE MEDICA	L EXAMINE	R 🗌	Dec.	.22,19	00
	A. BURIAL CREA	MATION, 2	4B. DATE		24C.	NAME of CEMETER	Y or CREMAT	ORY 24	D. LOCATIO	N (City,	town, or count	ty) (S	tate)
	BURTAL		I2/21	/68		EDAR HILL REGISTRAR	CEMETER			IRNIE	MARYLA	ND	
25	A. DATE REC'D	,		25B. N	AME O	REGISTRAR	25C	FUNERAL DIRE	CTOR		ADDRESS	1	
	[	DEC 20	1960	Reli	10	2. Harbey M	2/1/	01/4	1/30	E. t	oet i	the.	

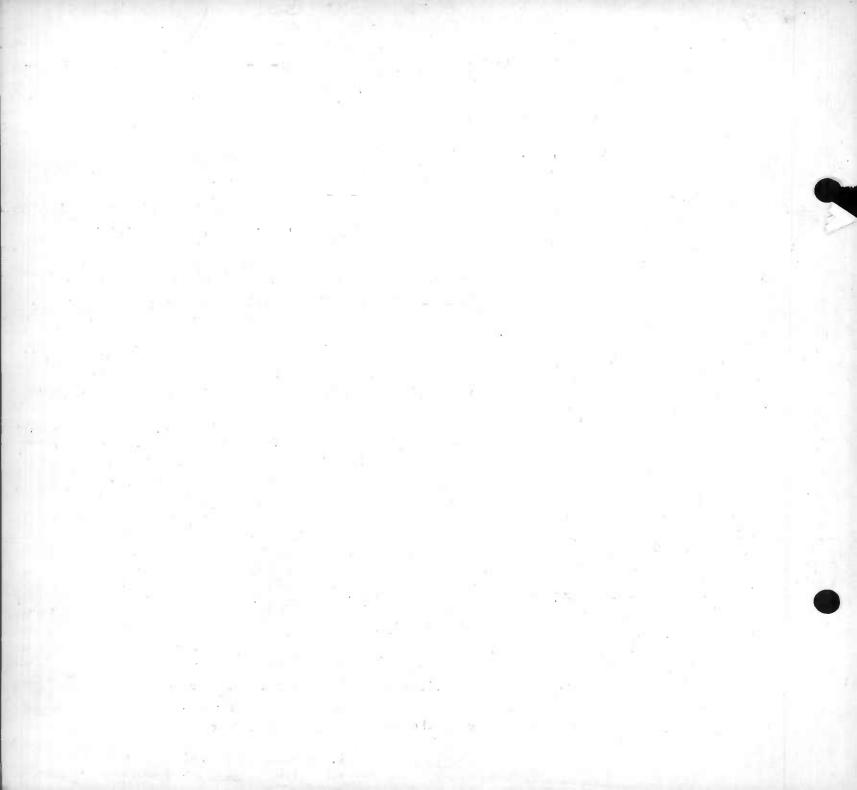
VS 151-REV. 1/1/68





		BALTIMORE CITY	HEALTH DEPARTMEN	T	08-12993
	68-12	2993 CERTIFICA	TE OF DEATH	REG NO.	
BIRTH NO.				PW -	4
Type or Print)				AND HOUR OF DEAT	
	Beatrice Uniack K	irtley	99.7	22-68	10:35 a.
3. PLACE IN BA	LTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		Where deceased lived. If OUNTY	institution: residence before odmission
FULL NAME OF	THE NOT IN HOSPITAL OR	NSTITUTION, GIVE STREET	Md.		53-00
HOSPITAL OR	ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
0.	Jenkins Memeria	L Hespital	Baltimore		YES NO
71	1000 Caten Ave		E. STREET AND NUMBI	ER	
	Baltimore, Md.	21229	231 Redgers	Rorge Road	
. SEX	6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
emale	White WIDO	WED DIVORCED	9-15-1880	88	North Doys
	CUPATION (Give kind of work 108. KII				12. CITIZEN OF WHAT COUNTR
	f working lite, even if retired)		D-744mana B	(2	U.S.A.
Housewi			Baltimore, N		U.D.A.
FATHER'S NA	AME		14. MOTHER'S MAIDEN	NAME	
John Un	inck		Araminta Mou	lton	
5. Was Decease	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT Red Medical Red		ADDRESS
	myes, give wor or doles of se				ol 1000 Catan Ave
No. 18. 4		212-01-5007		orial Hospit	al-1000 Caton Ave.
heort foilure injury or co	LEADING TO DEATH not meon the mode of dying, , asthenio, etc. It means the dis implication which caused death.)  ANTECEDENT CAUSES  OR CONDITIONS, if any, he above couse (A) stoting IG CONDITION last.	(B)	A CONSEQUENCE OF:	S. Esnel	years & years
OTHER SIGN TO THE DEA	II  IFICANT CONDITIONS CONTRIBU  ATH BUT NOT RELATED TO THE TERM		Pruti		yens
	OPERATION OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DI office bldg., INJURY OCCU	D (If in Baltim	ore City, give exoct locotion)
D 21 D. TIME	(Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While At Not Whi			
		Work At Work			2
22. I certif	y that (1) (this haspital) atten		25/25	19 6 S ta	1222 1964
that (1) (we	e) last saw the deceased alive	an Du. 22	19 6 an	d that in (new) (aur) a	pinian death accurred an the da
and haur a	nd fram the causes stated abo	ve. (I) (\(\frac{\text{did}}{\text{lid}}\) (did) (did_no+)	view the bady after dec	ath.	
23A. SIGNAT		0-11-1			23B. DATE SIGNED
1	Kalehi	The dike AH	ending Med.	Staff Phys.	220464
23 C. PHYSICI	AN'S TALPH E. I	PDIKE, M.D.	22D ADDRESS	d.,Ellicott	
		OEGREE			
REMOVAL Burial	(Specify) 248. DATE 12-24-1968	AC. NAME of CEMETERY of CR New Cathedral	EMATORY 24	D. LOCATION altimore, Mar	City, town, or county) (Stote)
25A. DATE REC'		AME OF REGISTRAR	Wm Cook -Br	ooks Towson	1050 York Road
		CO 41 COMOS,	- Gott		21204

VS 150-REV. 1/1/68

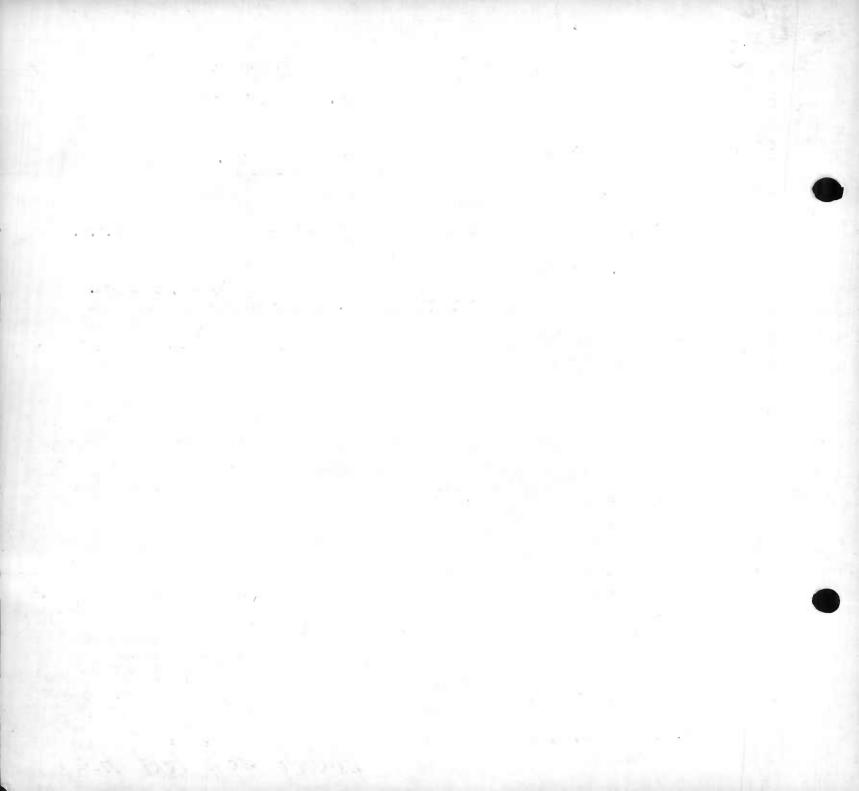


V\$ 150-REV. 1/1/6B

Such

a hospital and

	0.0		HEALTH DEPARTMENT	\ /	68-12994
	58-12994	CERTIFICA	TE OF DEATH	RÈG NO	OO TOOUT
BIRTH NO.  1, NAME OF DECEASED				AND HOUR OF DEAT	ш
	Harvey G	_			0.05
	**		De C	cal, 1968	institution: residence before odmiss
3. PLACE IN BALTIMORE, MARYLAN	O, WHERE PRONOUNCE	ED DEAD	A. STATE B. CC	UNTY	institution: residence before damiss
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION	N, GIVE STREET	MD. B	ALTIMORE	53-00
HOSPITAL OR ADDRESS OR I	OCATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
43					YES NO
- 51	0 4 51-	0	E. STREET AND NUMBER	R	
South Baltimore Gene	rat 1102hiter		2900 FLORID	A AVE.	1.00
5. SEX 6. RACE	7- MARRIED V	IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
MW	WIDOWED	DIVORCED	2/10/1910	58	
IOA. USUAL OCCUPATION (Give kind of		INESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUN
done during most of working life, even if reti	red)		1, ,		
SHIP FITTER	SHIP		Mary land		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
CHARTES E CDAME	מפו		LILLIE	GROSHON	
CHARLES F. CRAWFO 5. Wos Deceosed Ever in U. S. Armer Yes, no or unknown) (If yes, give wor or	Forces? 16.		17. INFORMANT		ADDRESS
	doles of service/	SECURITY NO.		2900 F1	orida Ave.
NO 18. 2/ 8-6 V	27	CAUSE OF DEATH	Mrs. Emma Cra	wford	APPROXIMATE INTERV
DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION last	(A) stoting the	(c)	A CONSEQUENCE OF:	and come	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	PART 1 (A).		Pulmonary	ompryst	
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICE	H OPERATION	20 A. AUTOPSY? Tes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
I B I			No.		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	lG 218, PLA home, fo	CE OF INJURY (e.g., ir irm, foctory, street, of	or obout 21 C. WHERE DIE	(If in Bottim	nore City, give exoct location)
21D.TIME (Month) (Day) (	(Hour) 21E. tNJ	URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)	/ While A	Not While			
(APPROX.)	Wark	At Work	4		
22. I certify that (this has	oital) attended the d	eceased from	2/13	1968 ta /	76/
that 🗱 (we) last saw the dec	eased alive an	12/21/18	19and		pinian death accurred an the
and haur and from the causes					
23A. SIGNATURE					23 B. DATE SIGNED
0 1/2 /1			nding Med.	Stoff [	12/1/
23 C. PHYSICIAN'S	C mo	GEGREE Phys	Director L	Phys.	13/188.
NAME (Type)			ADDRESS		Y 11 11 11 11 11 11 11 11 11 11 11 11 11
C.T. Tsai	MD	GEGREE	South Battime	Teneral Hospital	
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	E 24C. NAME	of CEMETERY OF CRE	MATORY 240	LOCATION	(City, town, or county) (Stat
BURIAL 12/26	6/68 GLEN H	LAVEN CEMETE	PV C	LEN BURNIE .	MARYLAND
	25B. NAME OF RI	EGISTRAR -	25G FUNERAL DIVEC		APORESS
25A. DATE REC'D A HEALTH DEPT.	o Rest &	Fa Benta	2///20/1/1	BOE F	not the.



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VS 151-REV. 1/1/68

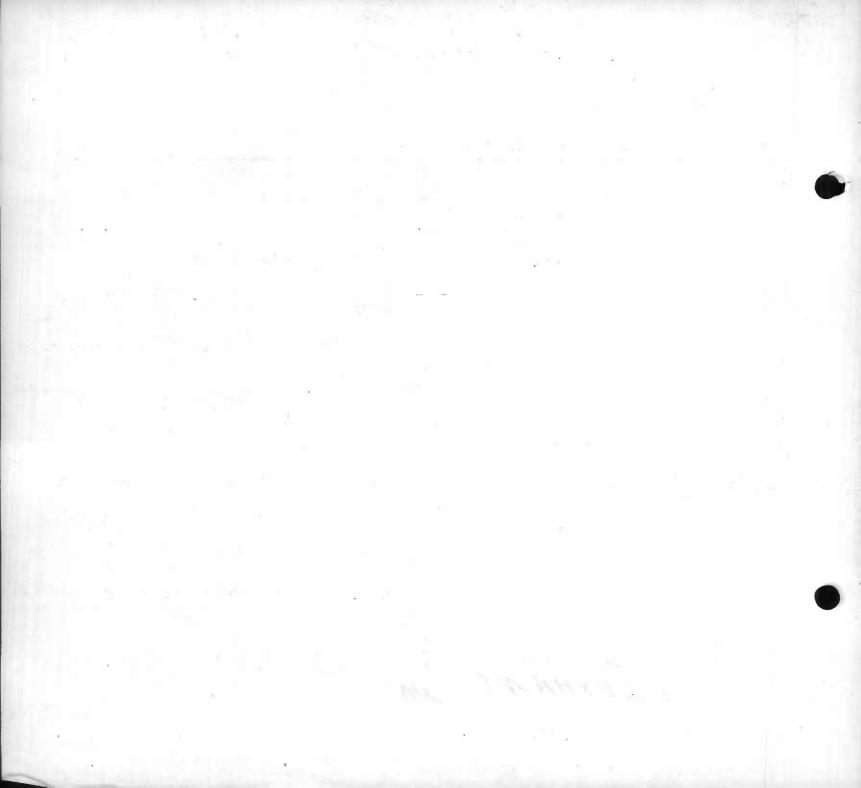
68-12995 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO.

6	8	BIKAN	1	2	9	9	1
					-	-	*

BIRTH NO.	
NAME OF DECEASED  (Type or Print)  DONALD M. KREISHER	2. DATE Known A Month Doy Yeor Hour OF Estimoted December 18, 1968 10:30 AM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 18, 1968 10:30 A.
PRIFICATE AMENDED	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
37 University Hospital 1-13-69	A. STATE Maryland B. COUNTY Anne Arundel
SEX 7. RACE B. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCE	Riveria Beach YES NO 🖾
NOV. 21, 1943  10. AGE (In years of Under 1 Yr. If Under 24 Months, Doys, Hours, 25	Hrs. E. STREET AND NUMBER Min. 8445 Bay Avenue
Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
	Harry Kreisher
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDU one during most of working life, even if retired)	JSTRY 15. MOTHER'S MAIDEN NAME
Teacher A.A.Co.School Sys	tem Grace Mowery
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
No 219-40-02	
CAUSE OF	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	LATE CAUSE Cerebro-cranial injuries
(This does not mean the mode of dying, e.g., DUFTO	, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
	, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
(C)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
D O	No
	(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) State #64 t, office bldg., etc.) INJURY OCCUR? Molly Neck Rd. off Old Annapolis Rd.
- LTT. INTE (MOINT) (DOY) (1001) LEELINGON OCCON	RED 22F. HOW DID INJURY OCCUR?
(APPROX.) 12-18-68 9:43 A. m. WHILE AT WORK	NOT WHILE Driver in auto-fixed object collision
I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death in my apinian
resulted from: Natural causes Accident X S	vicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ( )	DATE SIGNED
SIGNATURE CALL STATEMENT	_m.b.
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER L December 19, 1968
NAME (Type)	
EMOVAL (Specify)	TERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Memorial Park Baltimore, Maryland
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 261968 P.O. 5 & Falle	George J. OGorce-4001 Ritchie Hgwy., Baltimo

VS 150-REV. 1/1/68



a hospital and

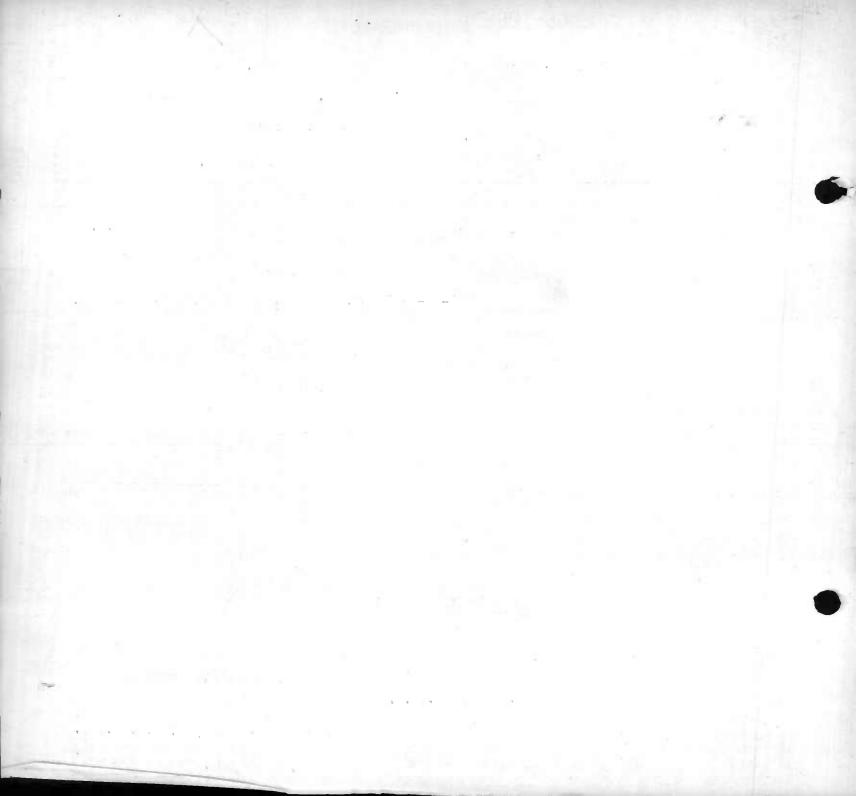
	68	-1299	4	HEALTH DEPARTMENT		68-12997
BIRTH NO.	00	TEGG	CERTIFICA	TE OF DEATH	REG. NO	OO LOOF
I, NAME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	H
(Type or Print)	Joseph A.	Stach				
3. PLACE IN RAL	TIMORE MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. If	institution: residence before admission
	, , , , , , , , , , , , , , , , , , , ,	WILKE VROMO		A. STATE B. COL	INTY	F 0 -
FULL NAME OF	(IF NOT IN HOSE	TAL OR INSTIT	UTION, GIVE STREET	, Md.	Anne Aruno	del 52-00
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
40	South Balt	imon o Co	en. Hepit al	Balto. Subur	ban	YES NO Å
10				E. STREET AND NUMBER		
	Bal timer e	, Maryla	ma	705 Matthe	THE ATTO.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	White		= =	Mars 1, 7,000	last birthday)	Months Doys Hours Min.
41 1151141 0.551	In a Tigati (Give hind of	WIDOWED		May 4,1903	65	
	working life, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Clerk			o Distributor	Maryland		U.S.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME	
	a	1		Managana	+ Marnan	
	George Sta	ab			t Wagner	
15. Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , ,		213-03-7583	Mr. Louis G. S	taab 705 M	atthews Ave.
1B. A / / /			CAUSE OF DEAT		0000 107 12	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION E			Outin	-Vasa-Os	De Lyn
(This does n	ot mean the mode	of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	· wowo	10th
heort foilure,	asthenio, etc. It mean	ns the diseose,	000 10, OR A3	A CONSEQUENCE OF		
	plication which cause		011	4	B	- , ,
4	ANTECEDENT CAUSI	ES	(B) Worles	Lo-Scher	200	3-6-gr
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	e obove couse (A G CONDITION last.	a) stating the	Jamas	le en		10 m -
UNDERLING	CONDITION last.		(C) (C) (1) 19 Ty	uy de la	***************************************	
- 422,	7 11			•		2.598
O THE SIGNIF	TÉANT CONDITIONS C					
M DISEASE OR C	ONDITION GIVEN IN P.	ART 1 (A).				
19A. DATE OF	OPERATION 198. CO	ONDITION FOR TERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes ar	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
F 0				No		
OR CONTRIPI	NT WAS UNDERLYING	21 B	LPLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact lacation)
<b>▼</b> DEATH (notify	medical examiner)	etc.		moo ologi, mooki o o oo k.		
21D.TIME	(Manth) (Doy) (Yeo	r) (Hour) 21E	. INJURY OCCURRED	21 F. HOW DID IN	IIIIDY OCCIID?	
OF INJURY	(ivialis) (boy) (ico		ile At \ Not Whil		JOK! OCCOR.	
(APPROX.)		Wo				
22. I certify	that (1) (this haspit	al) attended t	he deceased from		1966 to 12	2/20 1068
	last saw the decea		/_	10/08	1 - 1 - ( - 1 ( - 1 )	pinian death accurred an the dat
			/			onlian death accurred an the dat
		ated abaye.	l) (We) (did) (did nat) v	riew the bady after death	•	
23A. SIGNATU	IRE	(		./		23B. DATE SIGNED
Cleas	1 f Ans	10	Phys	nding Med. Director	Staff Phys.	14/22/68
23C. PHYSICIA			// DEGREE!	23D. ADDRESS		1,7,00
NAME (T		ag I D-		4	n-	0
	onari	es L. Bal	DEGREE	1mluca	eon me	
24A. BURIAL CREA	MATION, 24B. DATE	24C. N.	AME of CEMETERY of CR			City, tawn, or county) (State)
Parmi al	12_23	_68 H	olar Cross Con	netemr Ri	tchie Hgwy.	A.A.Go., Md.

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF

ADDRESS

25C. FUNERAL DIRECTOR Gonce, 4001 Ritchie Hgwy., Baltimore



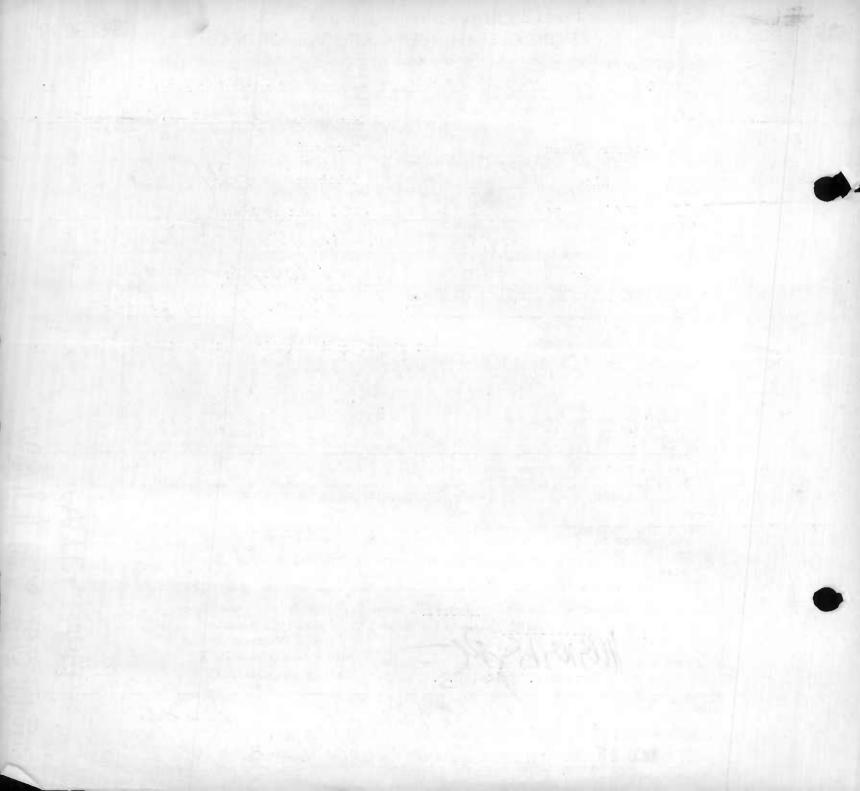
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## 68 - 12999 baltimore city health department

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.

6	8-	129	99
NO			
Ye	or	Hour	
22, 196	8	6:00	P. M
22, 196 Ye	ог	Hour	
3, 1968	3	10:5	0 A.
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		EN ONSET	
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los a	LITOR	cup (Van	11.

BIR	TH NO.												
1, 1	NAME OF DEC	EASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(IAE	LILLIA	N	M	AY		BECK	DEATH	Estimoted 🔯	Decembe	r 22.	1968	6:00	P. M.
4. 1	PLACE IN BAL				RONOUN		3. DATE		Month	Doy	Yeor	Hour	141.
FUL	L NAME OF	(IF NO	T IN HOSPITA	AL OR INS	TITUTION,	GIVE STREET	PRONOL	INCED DEAD	D = = == 1- ===		1060	10.5	0 4
	SPITAL INSTITUTION	ÀDDRI	ESS OR LOCA	TION)			- Hallal a		December		1968	10:5	7VI.
OK	in sili dilo in						A, STATE	SIDENCE (Where		t institution	n: residence l	before odmi	ssion)
0	1107 E	atterv	Avenu	e				land	5. 0	001111			
6. 5	SEX	7. RACE			RIED	EVER MARRIED	C. CITY OR	TOWN	D.	NSIDE C	ITY-LIMITS?		
	C1.		A	WIDOV			Do 1 to	imano	-14	-0	1		
_	fema,le	whi	10. AGE (II			DIVORCED L  1 Yr. If Under 24 Hrs		imore		-γ	ES	ио Ц	
7. 1	DATE OF BIRTH	12.	lost birthdo	y)		Doys   Hours   Min			-				
C	124/	40	78				1107	Battery	Avenue				
11.	BIRTHPLACE (S	tote pr forei	on country)	(	12. CITIZ		13. FATHER	SHAME		/	1. 1		
/		Kod			WHA	T COUNTRY?	1	12414	ale	70	174	205€	
14A	USUAL OCCU	PATION (GIN	ve kind of work	14B. KINI	D OF BUS	NESS OR INDUST	Y 15. MOTHER		ME		174		
	e during most of w							111-	15	1230	40H	· E&	
		400	<u>'E</u>					yang	1 = "	$\sim$			
	WAS DECEAS s, no or wnknown)					SOCIAL SECURITY NO.	18. INFORM	IANT .		( ) A	DDRESS		
(,,,,	HO	(1. yes, give	nor or goles	01 301 1100	-/	SECORITI ITO.	1	Am.	hy c	4 can	we		
	19. // /	0.12.				CAUSE OF DE	ATH					PPROXIMATE II	
	7	17							/			WEEN ONSET	AND DEATH
			DITION DIRE	CTLY		Arteri	osclerot	ic Cardio	vascular	Dise	ase		
		LEADING TO		ing on		(A)IMMEDIATE							
	heort foilure	osthenio, etc	mode of dy	diseose,		DUE 10, OR	AS A CONSEQ	UENCE OF:					
	intury or con	plicotion whi	ch coused de	oth.)									
	A.	NTECEDENT	CALISES			4-1							
Н			ONS, IF AN	CIVING		DUE TO, OI	AS A CONSEC	DUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE	É								
z	UNDERLYIN	IG CONDIT	ION LAST.			(c)		ge des envolpage Alphylagis sprace ob en des envolpage vis wh. ga.g. en 40					
CERTIFICATION	4222	, /	11										
Ι₹			NDITIONS C										
문	TO THE DEA	CONDITION	TRELATED TO	THE TERM	AIN AL								
RT						CH OPERATION V	AS PERFORM	ED	-		21. AUTC	PSY? (Yes	or No)
S								-					
-4	0											No	
MEDICA		NAL CAUSE			22B. PLA	CE OF INJURY (e.g m, foctory, street, off	, in or obout 2	2C. WHERE DID	(If in Boltimore Ci	y, give ex	oct location)		
ă	UNDERLYING UTING CA				monne, ioi	in, rociory, sireer, on	ice bidg., etc.) II	130KI OCCOK!					
Σ			Doy) (Yeo	r) (Hou	r) 22E.	NJURY OCCURRED	2	2F. HOW DID IN	JURY OCCUR?				
	OF INJURY (APPROX.)			,	WHIL		T WHILE			-			
					m. WOR	AT AT	WORK						
	23.			. г		[V] A		1.1.		.1 .			
		ify that I h		nquiry [	In	spection X A	utopsy 📙	and that on th	his basis, dea	th in my	opinian		
	result	red from: h	Notural cau	ses X	Acci	ent Suic	de Ho	micide	Undetermined	manner			
		TIA	11 20	1		1/	(	CHIEF MEDICAL E	EXAMINER .				
	ACTUAL		SVN	h	SI		ASSI	STANT MEDICAL E	EXAMINER X			DATE SIG	MED
	SIGNATI		110		1.7	M	D.					12/23/	68
	EXAMIN	ER'S V	Verner	U. S	pitz,	M.Q.	ASSO	CIATE MEDICAL E	EXAMINER			12/23/	00
24	NAME (1		OUD DATE		0.45.4	AME - ( CEMETER)	/ CDEMATO	DV LOAD	LOCATION	100		15.	. )
	A. BURIAL CREI		24B. DATE	/ 0	> 24C/N	AME of CEMETER	OF CKEMAIC	24D.	LOCATION	(City, tow	n, or county	) (St	ote)
	/_		17/27	165	11/	gell in	1000		2)	rel	0		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B N	VAME OF	REGISTRAR	125071	UNER AL DIRECTO	OR		ADDRESS		
			/				1/2	0/01	and a second	7	~ 7		1.
		SC 26	1209 (	1 Rei	JU 4.	Falleman	2801	fine	7 1/6	500	= Fe	) he	Cel
1	151 DE11 1/2/16												-



VS 150-REV. 1/1/68

	BALTIMORE CITY HEALTH DEPARTMENT	
68-13000	CEPTIFICATE OF DEATH	

REG. NO.

68-13000

BIRTH NO.			2. DATE AND HOUR OF DEATH				
(Type or Print)	BEATR	ICE K. SMITH	Dec. 21, 1968   10:30 a.				
3. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY				
EILLI NAME OF	UE NOT IN HOSPI	TAL OR INSTITUTION CIVE STREET	Md. 21218 9 12				
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN D. JINSIDE CITY LIMITS?				
INSTITUTION			Baltimore YES X NO				
00	3532 Elle	rslie Ave.	E. STREET AND NUMBER				
			3532 Ellerslie Avenue				
SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Manths: Doys   Haurs   Min.				
female	white	WIDOWED NO DIVORCED	G 6/11/90 78				
	warking life, even if retired)		TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Housew		at home	Baltimore, Md.				
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME				
	George Ki	rby	Annie Gorrell				
	Ever in U. S. Armed Fo		17. INFORMANT 3001 B atavia Ave. ADDRES 21214				
		216-05-5969D	Walter L. Kirby, brother,				
18. 11 / /	7 1	CAUSE OF DE	ATH APPROXIMATE INTERVAL				
DISEA	SE OR CONDITION D	IRECTLY \	BETWEEN ONSET AND DEATH				
Distr	LEADING TO DEATH	4	Cute marranda da da da 17				
(This does	nol mean the mode o	(A) IMMEDIATE (	HOSE O Majorer Organica o march				
	oslhenia, elc. Il meon		AS A CONSEQUENCE OF:				
injury or con	nplication which cause	d death.)					
	ANTECEDENT CAUSE	S					
DISEASES	OR CONDITIONS, if	ORY GIVING DUE TO. OR	AS A CONSEQUENCE OF:				
	e obove cause (A)	on,, giving					
UNDERLYIN	G CONDITION lost.	(C)					
420	/ 11						
Z	CANT CONDITIONS CO	ONTRIBUTING					
TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL -					
	ONDITION GIVEN IN PA	NOITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes, ar No) 20B. IF YES, WERE FINDINGS CONSIDERED				
19A. DATE OF	WAS PE	RFORMED	IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDE	NT WAS UNDERLYING	21 B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)				
	JTING CAUSE OF medical examiner	hame, farm, factory, street,	office bldg., INJURY OCCUR?				
0							
OF INJURY	(Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?				
€ (A PPROX.)		While At Work	Vhile				
-							
		ol) attended the deceased fram	See 2 1965 to alex 23 1968				
that (I) (auc.)	last saw the deceas	ed alive an alec	18 19 68 and that in(my) Lost apinion death accurred an the da				
23A, SIGNATU		ted abave. (1) (We) (did) (did) not					
23A. SIGNATO	1/201		23B. DATE SIGNED				
		DEGREE	Attending Med. Staff Director Phys. Dec 23/68.				
22C. PHYSICIA	N'S	DEGREE	23D. ADDRESS				
NAME (1	pr. Edwi	n J. Berstock	3500 N. Calvert St.				
	MATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or caunty) (State)				
Burial		/68 Moreland Me	m. Park 9 Baltimore, Md.				
	BY HEALTH DEPT.	258. NAME OF REGISTRAR	125C, FUNERAL DIRECTOR ADDRESS				
	100		Schimunek Funeral Home, Inc.				
	MET 9 15 165 C	8 DO 20 Tall	3331 Brehms Lane				

Acute myendul Elpete 3 miles 65 show 23 66 T. Indian .